

Medical Insurance Form for Psychological Services

Please complete the form below. Please contact your insurance company to verify eligibility. If a deductible still needs to be met before services are covered, please enter it below. If a pre-authorization number is required, request one and enter it below.

Service Provider Information:

Dr. Cindy Rollins, Psy.D
Office: (928) 482-6600
Fax: (928) 496-1166

1680 Iron Springs Rd.
Suite 103
Prescott, AZ 86305

EIN: 46-1893212
NPI: 1669710430
License: 4220

Client Information:

Full Name: _____
Date of Birth: _____
SSN: _____

Contact Phone: _____
Address: _____

Client Insurance Information:

Primary Insurer: _____
Member Name: _____
Member Relation: _____
Member Date of Birth: _____
Member SSN: _____

In or Out of network: _____
Co-pay / co-insurance: _____
Deductible to be met: _____
Authorization Number: _____

Member ID: _____
Group: _____
Plan Type: _____
Provider Services Phone: _____
Member Services Phone: _____
Insurance Address: _____

By signing this, I am stating that the above information is correct to the best of my ability.

Completed By: _____
Signature _____

Date: _____

Please scan and email documents to: dr.cindy.rollins@gmail.com
Or fax documents to: (928) 496-1166