

**Kathy Leary-Wilde, MA, LMFT**  
**Licensed Marriage and Family Therapist, 47685**

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**Insurance Information**

Your client record, or PHI (Personal Health Information) is confidential. I will presume I have your permission to contact you at the phone numbers and/or email you provided on the intake sheet unless you specifically requested on your intake form that this is unacceptable.

I use an Insurance Claims Biller, Niki KimsCasas, who will submit your insurance claims electronically. If you have questions about billing, you may contact Niki at nikikims1@aol.com or (805) 746-9293.

PRIMARY INSURANCE: \_\_\_\_\_

contact number: \_\_\_\_\_

ID# \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Insured date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

SECONDARY INSURANCE: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

ID# \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Insured date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_