



Dr. Debra Dupree, LMFT #23250  
 1330 Orange Avenue, Suite S-1 (3<sup>rd</sup> Floor)  
 Coronado, CA 92118 Ph: 1-800-743-1973  
 Fx: 1-619-923-3611

**INSURANCE VERIFICATION FORM**

Date of First Visit 7-8-2016

NAME Patricia Loftis SS# 368-52-1028

ADDRESS 229 Orange Ave, Unit 4

CITY Coronado STATE CA ZIP 92118

Telephone Home Cell: 810-224-0902 Work 619-818-9590

Date of Birth 10-28-1952 Sex M  F

Referred by Employee Assistance Program Marital Status Single

Employer Dept of Homeland Security-TSA Address TSA-T1-East, Ste #219, 3665 N Harbor Dr, San Diego CA 92101

Previous Mental Health Counseling if any Yes - EAP 6 sessions

When Dec 2010 Where 2011 Palomar Airport Rd, Carlsbad, CA 92011

With Whom Donald Campbell, PhD, Clinical Psychologist

Personal Physician \_\_\_\_\_

Name Address

**Primary insurance** BC-BS, Fed Employee Prog, PPO

Name Address

Name of policy Holder Patricia Loftis Relationship Self

INSURANCE ID# R 60387295 Group ID# Enrollment Code: 104

**Secondary Insurance** N/A

Name Address

Name of policy holder N/A Relationship \_\_\_\_\_

SSN#/ID# \_\_\_\_\_ Group \_\_\_\_\_

**Agreement to Financial Responsibility**

I assume responsibility for all charges rendered for my care. I have received a copy of the office procedures as well as the HIPPA agreement and agree to its conditions.

Dr. Debra Dupree reserves the right to add service charges of \$4.00 per month on outstanding patient balances. I authorize payment directly to Dr. Debra Dupree of group insurance benefits otherwise payable to me.

Signature: P.K Loftis Date: 7-5-2016

ATTACHMENT: Copy of the Front and Back of my Health Insurance Card