

The Healing Tree, LLC Face Sheet

Name: _____

DOB _____

Address: _____

Phone(home) _____

cell: _____

**E-Mail
Address** _____

Primary Insurance: _____

CO-Pay _____

Insurance Number: _____

Subscriber _____

DOB _____

Employer of Subscriber _____

Secondary Insurance: _____

CO-Pay: _____

Insurance Number: _____

Subscriber: _____

DOB: _____

Employer of Subscriber: _____