

Meg L. Sussman, Ph.D.
Email meglsussman@gmail.com
www.megsussmanphd.com
Tel. and Fax (914)-666-0069

153 Main Street
Suite G5
Mount Kisco, NY 10549

380 Lexington Ave
17th Floor
New York, NY 10017

Client Information

Name _____ Date of Birth _____

Address _____

Telephone number (home) _____ (work) _____

(cell) _____

Email address _____

What is the best way to reach you? _____

Name of Insurance Company _____

Insured person (if not client) _____

Address (if different than client's) _____

Relationship to Client _____

Insurance ID# _____

Claims Address _____

Name and phone # of Primary Care Doctor _____

Name and phone # of Psychiatrist (if applicable) _____

Current Medications and Doses _____

For Office Use Only:

CPT-4 Code _____ Diagnosis _____ Fee _____

: