



ICARD
PLLC

701 W. 7th Ave, Suite 130 Spokane, WA 99204

Tax ID: 91-2150878

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ACCOUNT INFORMATION--APPLE HEALTH

Client's Name: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Client's DOB: ____/____/____ Gender _____

Phone: Home: (____) _____ Cell: (____) _____ Work: (____) _____

E-mail: _____

Mother/Father/Other _____ Name: _____

Phone: Home: (____) _____ Cell: (____) _____ Work: (____) _____

Mother/Father/Other _____ Name: _____

Phone: Home: (____) _____ Cell: (____) _____ Work: (____) _____

Payment Source: (check all that apply)

Insurance DDD Private Pay (Cash/Check) Other _____

Primary Insurance Information

Primary Cardholder/Subscriber Information:

Name: _____ DOB: ____/____/____

Provider One Number _____

Insurance Carrier: Molina CHPW UHC Community Plan
Amerigroup Coordinated Care Medicare

ID Number _____