



**ICARD**  
PLLC

701 W. 7<sup>th</sup> Ave, Suite 130 Spokane, WA 99204

Tax ID: 91-2150878

Ph: (509) 838-3932 Fax: (509) 838-1163

Liz Pechous, PHD  
Elicia Spotts, LMHC

Beth deViveiros, M.A., LMHC

Marie Pechous, MA, CCC-SLP

ACCOUNT INFORMATION-APPLE HEALTH & MEDICARE

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 \_\_\_\_\_