

Steve Zappalla, PhD
11250 Roger Bacon Dr, Unit #2,
Reston, VA 20190
571-271-7284



THE CENTER FOR VETERANS IN TRANSITION

"WAKING UP TO OUR OWN TRUE SELVES"

NPI: 1033572789

EIN: 47-4757030

Insurance Information Sheet

Please select one:

I will be paying out of pocket for sessions at full rate until further notice. _____ Client Initial and date

I will be paying out of pocket for sessions at the insurance rate and request an emailed copy of my invoice for reimbursement through my insurance company. _____ Client Initial and date

Email address: _____

I will be using my insurance. I know I am responsible for copays. _____ Client Initial and date

Primary Insurance

Client Name: _____

Insurance Company: _____

ID Number: _____ Group Number: _____

Contact Number for Providers (located on back of ins. card) _____

Policy Holder's Full Name: _____ DOB: _____

Address: _____

Employer: _____

Relationship to Client: Self or other _____

<p>Official Use Only</p> <p>Diagnosis Code:</p> <p>E-filing Number:</p> <p>Copay amount:</p>

I authorize The Center for Veterans in Transition to use the insurance information provided to file insurance claims for office visits or other services provided.

Client Signature _____ Date _____ Revised 07/25/24