



Lifeline Family Enrichment

12741 Research Blvd. #303 E Austin TX 78759

512.779.3539

File Number: _____

Client Name: _____ DOB: _____

Client's Address: _____

City: _____ *State: _____ *Zip: _____

*Home Phone: _____ *Driver's License#: _____ *State: _____

*Client Age: _____

Minor: Yes No If Minor: Responsible Party

Parent/Legal Guardian: _____

Address if different from above: _____

*Home Phone: _____ *Work Phone: _____

*Employer _____ Phone _____

*Insurance Carrier:

- Aetna BCBS Beacon BHS Cenpatico CIGNA
- United Healthcare TMHP (Medicaid) Value Options Seton
- Optium

*Name of Insured: _____ Date of Birth: _____

*Member ID # _____ Policy # _____

Group/Cert. # _____ Eff. Date: _____

*EAP

- Ceredian (Lifeworks) Interface Magellan

*Name of Insured: _____ Date of Birth: _____

*Member ID # _____ Policy # _____

Group/Cert. # _____ Eff. Date: _____

*Authorization #: _____ Number of Visits

Authorized: _____

****Please list your insurance carrier as well as EAP should you need more visits than EAP offers!**