

# CLIENT INSURANCE FORM

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## GENERAL PROCEDURES

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The Client Insurance Form is completed for each client admitted or readmitted into a treatment program with the intention of documenting insurance coverage if applicable.

**It must be updated at least annually or more often if the client's insurance coverage changes.**

## CLIENT INSURANCE DATA

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**NAME:** Enter the client's name. Always use the client's given name. For example, if the client's name is "Robert" use "*Robert*", not "Bob".

**ACCOUNT NUMBER:** This is a system generated number that will be put on the form after the client information and client admission data has been input and saved.

**PROGRAM #:** Three-digit identifier assigned to your facility by AMDD. See code list in Appendix A (Section 25) for a complete list of valid values.

**FACILITY NUMBER:** Three-digit number assigned to all facilities connected to a program, including the main facility. These numbers are assigned by provider staff.

**ACCOUNT OPENED DATE:** This is the start date for the current insurance coverage. Type the date in *MMDDYYYY* format. This is a required field.

**COMPANY:** Enter the name of the insurance company. This is a required field.

**GROUP NAME:** Enter the group name of the insurance company.

**GROUP NUMBER:** Enter the group number for this client and insurance company.

**MEMBER NUMBER:** Enter the member number for the client's insurance.

**BEGIN DATE:** Enter the date the insurance account became active. This may be the same as the Account Opened Date. Type the date in *MMDDYYYY* format. This is a required field.

**END DATE:** Enter the date the coverage will end, if available. Type the date in *MMDDYYYY* format.

**STATUS:** Mark either "*Active*" if the insurance is currently active or "*Cancelled*" if the insurance has been cancelled.

**COMMENTS:** Use this area for recording any needed comments about this particular record.