

Inner Clarity, LLC  
 9 Village Court  
 Hazlet, NJ 7730  
 732 759 0881

NAME			
	LAST	FIRST	MIDDLE

ADDRESS			
CITY, STATE, ZIP			

PHONE			
	HOME	WORK	CELL

PERSONAL		M / F	
	DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER

RACE	ALASKAN	AMERICAN				PACIFIC
	NATIVE	INDIAN	ASIAN	BLACK	CAUCASIAN	ISLANDER

ETHNICITY	HISPANIC	NON-HISPANIC
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PRIMARY LANGUAGE	ENGLISH	SPANISH	ARABIC	CANTONESE	FRENCH	GERMAN
	HINDI	ITALIAN	JAPANESE	KOREAN	MANDARIN	PERSIAN
	POLISH	PORTUGUESE	ROMANIAN	RUSSIAN	TAGALOG	UKRANIAN
	URDU	VIETNAMESE	OTHER			

INSURANCE 1			
POLICY NUMBER		EFFECTIVE DATE	
	PLAN NAME	GROUP NUMBER	

INSURANCE 2			
POLICY NUMBER		EFFECTIVE DATE	
	PLAN NAME	GROUP NUMBER	

I authorize the release of any medical or other information necessary to process claims. I also request payment of benefits directly to Inner Clarity, LLC.

X	
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Signature

Date