Stonebrook
Counseling Associates, PLLC

Client Name _____
Address _____
Phone _____ Birth Date _____
Emergency Contact _____
Primary Insurance Information _____
Secondary Insurance _____
Subscriber Name _____
Subscriber Birth Date _____

Date	Time	Service	Charge	Co-Pay Payment	Authorization Number/Dates	Other

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2311 E. Stadium Blvd. Ste 212 Room 6 Ann Arbor, MI 48104
25600 Woodward Ave Ste 105 Royal Oak, MI 48067
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