



## Out-of-Network Single Client Agreement Clinician Information

Clinician First Name: \_\_\_\_\_

Clinician Last Name: \_\_\_\_\_

Clinician License: \_\_\_\_\_

Clinician License Number: \_\_\_\_\_

Issuing Board: \_\_\_\_\_

Issuing Date: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

NPI#: \_\_\_\_\_

Taxonomy: \_\_\_\_\_

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