

Client Information _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Home or Cell? Work Phone () _____

DOB: _____ SSN: _____

Marital Status _____ Gender: Male Female

Employer or School _____

Referred by _____

Yes, you may send a thank you to the referral source.

Primary Care Physician _____

Address _____

City _____ State _____ Zip _____

Telephone () _____

I authorize you to release/share clinical information with my Primary Care Physician for the purpose of coordinating care.

? Will insurance be used for these sessions? Yes – complete the next section
 No – go to billing section

Insured Information _____

Client relationship to Insured: Self Spouse Child Other

If “client relationship to insured” is other than “Self”, please complete the following.
If client is the Insured, go to insurance policy information.

Insured’s Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Home or Cell? Work Phone () _____

DOB: _____ SSN: _____

Marital Status _____ Gender: Male Female

Employer _____

Please complete information of other side.

I authorize my therapist to release all clinical information necessary to process insurance claims. I authorize payment of benefits to this office and/or provider.

Signature _____ Date _____

Insurance Policy Information _____

Group Managed Care PPO EAP Other

Insurance Company _____ Payor No. _____

(Submit Claims) Address _____

City _____ State _____ Zip _____

Plan Name _____

ID Number _____ Group Number _____

Phone Number _____

Authorization Number for Services: _____ # of Sessions: _____

Billing Information _____

(Complete only if no insurance will be used.)

? Who is responsible for charges for this client? Client

Other – please complete the following information

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Work Phone () _____

DOB: _____ SSN: _____

Marital Status _____ Gender Male Female

Employer _____

Please include my name on your mailing list for the newsletter, special program announcements, and upcoming groups. Thank you!