

D. Healthcare Providers

Clinic/Physician's Name: _____ Phone: _____

Address: _____

If you enter treatment with me for psychological services, I may--with your permission--contact your physician so that they can be fully informed and we can coordinate your treatment as needed. Yes No

Psychiatrist's Name: _____ Phone: _____

Address: _____

If you enter treatment with me for psychological services, I may--with your permission--contact your psychiatrist so that they can be fully informed and we can coordinate your treatment as needed. Yes No

E. Current Employer:

Employer: _____ Occupation: _____ Job Title: _____

How long have you worked for this employer: _____ How many hours/week do you work: _____

Work phone (should I need to contact you): _____

OK to leave a message

E. Current School:

School: _____ Major: _____ GPA: _____

Are you an International Student/Resident? Yes No

Country of Origin: _____

F. Insurance & Payment Information

How do you plan to pay: Self Pay/direct payment Insurance

Name of person responsible for payments: _____

If you are using Insurance

*The information below applies to the policy holder (person paying for the insurance plan). If you are not your plan's policy holder please indicate the correct policy holder's name, DOB, and relevant information below.

Name of policy holder: _____

Date of Birth (*including year*) of policy holder: _____ Sex: Male Female
DD/MM/YYYY

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ OK to leave messages about billing if needed? Yes No

Employer? _____

Agency/Insurance Carrier Name: _____

Member ID #: _____ Group/Policy #: _____

Your relationship to the insured: Self Spouse Child Other _____

Are you currently seeking services due to: Employment Auto Accident Other Accident

If you store your payment method/credit/debit card in the electronic health record, **do we have permission to bill the account if our receptionist is busy or out of the office at the time you check in/out?** Yes No

OUTSTANDING BILLS NOT PAID WITHING 90 DAYS MAY ACCRUE A 3% FINANCE FEE