

PERSONAL INFORMATION

Patient Name _____ Preferred Name _____

Address _____

Phone _____ Email Address _____
cell / home / work (circle)

Emails and voice mail messages may be left? Yes No (circle)

Employer _____ Work Phone _____

Emergency Contact _____ Phone _____ Relationship _____

Who referred you to this office, or how did you learn about us? _____

For Minors Only: (under age 18)

Mother/guardian's Name _____ Phone: _____

Father/guardian's Name _____ Phone: _____

INSURANCE AND BILLING INFORMATION

Responsible Party Information: (Responsible party is who pays the bill after insurance coverage.)

Responsible Party Name _____

Responsible Party Address _____

Responsible Party Phone _____ Responsible Party Email _____

Primary Insurance Coverage:

Policy Holder's Name _____ Policy Holder's Date of Birth _____

Insurance Company _____ Policy Holder's Employer on Plan _____

Identification Number _____ Group, contract, or policy number _____

Secondary Insurance Coverage:

Policy Holder's Name _____ Policy Holder's Date of Birth _____

Insurance Company _____ Policy Holder's Employer on Plan _____

Identification Number _____ Group, contract, or policy number _____

I hereby authorize Maplewood Psychology to furnish to my insurance company all information that said insurance company may request concerning my present illness. I hereby assign to Maplewood Psychology the insurance proceeds to be credited against the total fee for services due on my account. I authorize Maplewood Psychology to correspond with the responsible party listed above regarding any outstanding balance due on the account.

Client/parent/guardian Signature _____ Date _____