

**CLIENT REGISTRATION INFORMATION**

\_\_\_\_\_ New Client      \_\_\_\_\_ Change of Client Info-Effective \_\_\_\_\_      **Provider:** \_\_\_\_\_

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GENDER: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

INSURANCE COMPANY: \_\_\_\_\_

INSURANCE COMPANY ADDRESS: \_\_\_\_\_

INSURANCE CO CITY/STATE/ZIP: \_\_\_\_\_

INSURANCE CO PHONE #: \_\_\_\_\_

IDENTIFICATION #: \_\_\_\_\_

SUBSCRIBER NAME: \_\_\_\_\_

SUBSCRIBER DOB: \_\_\_\_\_

RELATIONSHIP TO CLIENT: \_\_\_\_\_

SUBSCRIBER EMPLOYER: \_\_\_\_\_

GROUP #: \_\_\_\_\_

SECONDARY INSURANCE CO: \_\_\_\_\_

SECONDARY INSURANCE ID#: \_\_\_\_\_

PRE-CERTIFICATION #: \_\_\_\_\_

**Authorization to Pay Insurance Benefits:** I hereby direct my insurance carrier to make payments directly to the Provider for health insurance benefits otherwise payable to me, but not to exceed the Provider's regular charges. I understand that I am financially responsible for charges not covered by this authorization (including insurance co-payments and deductibles that are due at the time of service). This assignment of benefits shall be valid for the duration of my treatment.

Signature of Client/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization For Release of Information:** I hereby authorize the Provider and his/her office billing staff or agency to release billing and medical information to my insurance company necessary to process claims for services rendered to me by the Provider. This authorization is limited to the release of only that information necessary to substantiate and process health insurance claims and excludes such confidential information which by law may only be released by specific consent.

Signature of Client/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Dx: \_\_\_\_\_