

Financial Information Form

If you plan to use health insurance, complete this form. I will explain any part of this form that you do not understand. If you have not done so, please contact your insurance company to determine your benefits and copayment and to begin any authorizations that your insurance company may require. Please bring your insurance card or a copy of your insurance card to your appointment. *Please note: I do not accept credit cards and debit cards.*

A. Client's name: _____ Birthdate: _____
Home phone: _____

B. Insurance Information:

Primary Insurance:

Insured's Full Name: _____ Birthdate: _____

Insured's SSN: _____

Relationship to Client (please circle): Self Spouse Mother Father Stepparent Guardian

Insured's Address: _____

Home phone: _____

Insured's Employer: _____ Work Phone: _____

Insurance Company: _____

Address: _____

Phone: _____

Insured's ID#: _____ Group No.: _____

Secondary Insurance:

Insured's Full Name: _____

Relationship to Client (please circle): Self Spouse Mother Father Stepparent Guardian

Insured's Employer: _____ Work Phone: _____

Address of employer: _____

Insurance Company: _____

Address: _____

Phone: _____

Insured's ID#: _____ Group No.: _____

C. I give this office permission to release any information obtained during examinations or treatment of this patient that is necessary to support any insurance claims on this account and secure timely payments due to the assignee or myself.

D. I understand that I am responsible for all charges, regardless of insurance coverage.

E. Assignment of benefits

I hereby assign medical benefits, including those from government-sponsored programs and other health plans, to be paid to the therapist above. Medicare regulations may apply. A photocopy of this assignment is to be considered as good as the original.

Client's (or parent/guardian's) signature, Date

Printed name