

Registration Form

Client Name \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home \_\_\_\_\_ Cell/Text \_\_\_\_\_ Work \_\_\_\_\_

Where is it acceptable to leave you a message? Home Cell Text Work

Gender: M F / Marital Status: Single, Married, Committed (Spouse/Partner Name \_\_\_\_\_)

Emergency Contact Person & Phone Number \_\_\_\_\_

Who referred you to this office? \_\_\_\_\_

PERSON RESPONSIBLE FOR PAYMENT AND INSURANCE INFORMATION

Employer \_\_\_\_\_ EAP: Y N (EAP Name \_\_\_\_\_ # sessions \_\_\_\_\_)

Primary Insurance Co \_\_\_\_\_ Insured Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Secondary Insurance Co \_\_\_\_\_ Insured Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Did you contact your insurance company to review your benefits and let them know that you were coming to this office? Y N

If so, what is your deductible \_\_\_\_\_ how much has been met \_\_\_\_\_ What is your co-payment/co-insurance per session \_\_\_\_\_

If authorization was needed, how many sessions were approved \_\_\_ (auth # \_\_\_\_\_)

Please provide Insurance Card (s) and Photo ID for copying.

**I consent to medical treatment and agree to the terms outlined in the Counseling Service Agreement.**

***Please initial the following:***

\_\_\_\_\_ I was given a copy of the Counseling Service Agreement which includes the Ohio Notice Form and HIPPA Notice

\_\_\_\_\_ I understand the risks associated with internet and wireless device communications between the counselor and myself.

\_\_\_\_\_ I authorize the release of any medical/information necessary to process claims paid to C Christopher Pawson PCC or supervisor.

\_\_\_\_\_ I am informed of my financial responsibility which includes the following

- Regardless of insurance, I am financially responsible.
- Fees are due at the time of service
- Appointments not cancelled within 24 hours of the appointment will be charged
- I will pay any outstanding balance within 30 days of receiving an invoice (or call to make payment arrangements).

Signature \_\_\_\_\_ Date \_\_\_\_\_