

Client Information

Please Print Clearly

Name _____ Social Security # _____

Date of Birth _____ Age _____ Sex _____ Status (Circle) Single Married Domestic Partner Divorced Widowed

Address _____ City _____ State _____ ZIP _____

Home Phone # _____ Work Phone # _____ Ext _____

Mobile/Cell _____ Email _____

Occupation _____ Client Employed By _____

Referred By _____ Phone # _____ May We Thank Them? _____

Name of Responsible Party _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Responsible Party's Employer _____ Phone # _____ Ext. _____

Occupation _____ SS# _____ Date of Birth _____

Name of Spouse/Partner _____ Employer _____ Work # _____

Medical Insurance Co. _____ Group # _____

Address _____ Phone # _____

Subscribers Name _____ SS# _____ Date of Birth _____

Subscriber, Certificate or Policy # _____ Co-Pay Amount _____

In order to provide you with the highest quality affordable healthcare, charges for office visits are due at the beginning of each visit.

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the practitioner and is not a substitute for payment. Some companies pay fixed allowances, others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid by your insurance. If this account is assigned to an attorney for collection and/or suit, the prevailing party shall be entitled to reasonable attorney's fees and cost of collection.

To the extent necessary to determine liability for payment and to obtain reimbursement, I authorize disclosure of the patient's medical record.

I hereby assign all medical benefits to include major medical benefits to which I am entitled, including private insurance and other health plans to Douglas Braun-Harvey, M.A., and M.F.T.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information to secure payment.

Signed _____ Date _____

Responsible Party _____ Date _____