

Patricia Jean Easton LCSW,CHT

This information is necessary so that we may serve your needs. Information will not be released without your written consent.

Please Print

Patient Legal Name: First, Middle, Last, Social Security No. Address: City, State, Zip. Home Phone, Birthdate, Age. Present Employer, Employer Phone. School, School Phone. Spouse Name (If Applicable).

Emergency Contact (Please list a person who does not live with you)

Name, Phone, Address, City, State, Zip.

Insurance Information (Please provide copy of card for our file)

PRIMARY Insurance: ID #, Group #, Policy Holder, Date of Birth. SECONDARY Insurance: ID #, Group #, Policy Holder, Date of Birth. Primary Care Physician, Phone.

Assignment of Benefits I authorize the release of any medical information necessary to process this bill to my insurance company, and request payment of benefits to Julie Walker, LCPC. I acknowledge that I am financially responsible for payment whether or not covered by insurance.

Parent/Guardian: Date:

ACKNOWLEDGMENT & CONSENT

My initials indicate that I have read and understood the information herein contained and that I have received the following accompanying documents:

- Copy of this Counselor's Disclosure Statement
Notice of HIPPA laws

My signature below indicates my informed and willful consent to treatment with this therapist.

Client Signature

Date

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THIRD PARTY LIABILITIES: Unfortunately, we cannot file claims or enter an arrangement for third party liabilities such as motor vehicle accidents, attorney claims, etc. However, upon payment we will be happy to provide you with a receipt for services which can be submitted for reimbursement.

DIVORCE / SEPARATION: Unfortunately, we cannot become involved in billing arrangements in cases of divorce or separation. We will collect appropriate copays, coinsurance, and/or deductible amounts from the adult bringing the child in for treatment. We will file insurance with the carrier information provided by the guarantor for the child's account.

BILLING STATEMENTS: Billing statements are mailed monthly for any balances due. Service dates still pending with insurance are not billed to you until insurance has responded. Payment is due upon receipt of the monthly billing statement. Balances not paid and reaching 60 days are reviewed to be referred to our Internal Collections. However, should any balances be left to 90 days they may be referred to an Outside Collection Agency which could report the outstanding balance to a Credit Bureau.

COMMUNICATION OF CONFIDENTIAL INFORMATION:

I request that the following person(s) be provided information regarding my care: healthcare treatment/plans, financial transactions
(circle which apply)

Contact Name Relationship Contact phone #

Contact Name Relationship Contact phone #