

Paulette Sears Counseling, LLC

927A S. 8th St., Ste. 300

(920) 682-4804 FAX: (920) 684-1110

CLIENT INFORMATION (Please Print Clearly)

LAST NAME	FIRST	MI	HOME PHONE	BIRTHDATE	AGE
ADDRESS			SSN	MALE	FEMALE
CLIENT'S EMPLOYER			MAY WE CONTACT YOU AT WORK		WORK PHONE
DESCRIPTION OF PROBLEM			WHO REFERRED YOU		
EMERGENCY CONTACT PERSON		RELATIONSHIP		PHONE	
SPOUSE or PARENT(S) NAMES		SPOUSE'S or PARENT'S EMPLOYER		PHONE	

BILLING AND INSURANCE INFORMATION

-	PRIMARY INSURANCE CO.	SECONDARY INISURANCE CO.
-	POLICY HOLDER	POLICY HOLDER
-	BIRTHDATE	BIRTHDATE
-	ID#	ID#
-	SOCIAL SECURITY #	SOCIAL SECURITY #
-	GROUP# OR NAME	GROUP# OR NAME

PLEASE NOTE: All professional services are charged to the client. Claims will be submitted either electronically or in paper form to your insurance to help expedite insurance carrier payments. However, the client is responsible for all fees regardless of insurance coverage. Insurance clients are requested to make their co-payment at the time of each visit. Private pay clients must pay the entire agreed upon amount at the time of service unless prior arrangements have been made.

INSURANCE AUTHORIZATION AND ASSIGNMENT

I authorize the release of any information necessary to determine benefits associated with visits to Paulette Sears Counseling, LLC, and request payment be directly made to Paulette Sears Counseling, LLC, for services provided. I recognize and accept responsibility for any balance remaining after payment of the benefits associated with my health insurance policy.

Signature _____

Date _____