

LIFELENS PSYCHOLOGICAL & COUNSELING SERVICES

REGISTRATION INFORMATION

Account # _____

PATIENT INFORMATION:

Name: _____
(first) (middle) (last)

Address: _____
(street) (city) (zip code)

Telephone: _____
(home) (cell) (work)

Email: _____

I authorize contact through: U.S. post / home # / cell # / work # / email
(please circle authorized contact methods)

DOB: _____ SEX: M / F Marital Status: S / M / D / W
(circle one) (circle one)

If Minor, Guardian Name & Relationship: _____

Emergency Contact: _____ / _____
name relationship

Emergency Contact Telephone: _____

I authorize contact with my Emergency Contact in the event of concern of well being, including no-show & lapse in treatment participation:

(signature) (date)

INSURANCE INFORMATION

Primary Insurance _____ Group # _____

Policy # _____

Subscriber's Name _____ DOB _____

Subscriber's Address _____

Subscriber's Relationship to Patient: _____

Subscriber's Telephone # _____

Subscriber's Employer _____

ACCEPTANCE OF FINANCIAL RESPONSIBILITY FOR SERVICES & COMMUNICATION AUTHORIZATION

I certify that I will pay for services for me or my dependent through a private pay fee, or that that I have insurance coverage with _____ and assign directly to LifeLens Psychological and Counseling Services all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize LifeLens Psychological and Counseling Services to release all information to the practice's billing agent, insurance carriers and/or their agents necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions. I understand that the benefits quoted to LifeLens Psychological and Counseling Services by my insurance company are not a guarantee of my benefits. I understand that I am responsible for any and all late cancellation / no-show fees assessed.

(responsible party printed name)

(responsible party signature)

(date)

