

Client Registration and Billing Form

Date: _____

Birthdate: _____ (mm/dd/yyyy)

Name of Client: _____

Contact Information

Email: _____

Can we contact you by email if needed for scheduling purposes? (Y/N) _____

Cell #: _____ May we call you here? (Y/N) _____ Leave message? _____ Text? _____

Home #: _____ May we call you here? (Y/N) _____ Leave message? (Y/N) _____

Work #: _____ May we call you here? (Y/N) _____ Leave message? (Y/N) _____

Referral

How did you hear about us? _____

If a person/organization, may we thank this person without using your name? (Y/N) _____

Billing Information

Address: _____ City: _____ ZIP: _____

Can you receive confidential mail here? (Y/N) _____

If no, where can you receive confidential mail? _____

If other than client, to whom can we send a statement if needed:

Name _____ Relationship to Client: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: (_____) _____ Cell #: (_____) _____

Work # (if we can call you here): (_____) _____

Credit Card Information

If you plan on using your credit card, please provide the following information:

Credit Card #: _____ Exp Date: _____

3 Digit # (back of card): _____ Zip Code (that matches billing address for card): _____

Credit Card Authorization

I authorize my charges to my credit card for sessions provided.

Signed: _____ Date: _____

Insurance Information

(Please have card ready to provide copy)

Insured/Responsible Party's Full Name: _____

Date of Birth: _____ Social Security #: _____

Relationship to Client: _____

Address (if different): _____ City: _____ State: _____ Zip: _____

Home Phone (if different): _____ Cell # (if diff): _____ Work # (if diff): _____

Employer: _____

Insurance Carrier: _____

Insurance Billing Address: _____

POLICY/ID #: _____ GROUP #: _____

Billing Authorization

I authorize the release of any medical or other information necessary to process this claim.

Signed: _____ Date: _____

Payment Authorization

I authorize payment of medical benefits to Jen Hutchings, Ph.D.

Signed: _____ Date: _____

Office Use: *Diagnosis Code for Insurance Billing* _____

Jen Hutchings, Ph.D

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