

WELCOME

Date _____

Name _____ M / F Date of Birth ___ / ___ / ___

Address _____
Number & Street City State Zip Code

e-mail address _____ May we add you to our mailing list? Y / N

Home Phone _____ Business Phone _____ Mobile Phone _____

Please Contact Me (Circle One): Home / Business / Mobile / No Preference

Emergency Contact _____ Relationship _____ Phone _____

Physician _____ Address _____ Phone _____

Referred By (Circle all that apply): Friend or Family Member / Physician / Attorney / Google / Yahoo /
Yellowpages.com / Goodtherapy.org / Bing / Wellness.com / Insurance Provider /
Other _____

Billing and Insurance Information

Person responsible for payment _____ Relationship _____

Do you have Health Insurance? Yes / No If Yes, complete the information below:

Primary

Secondary (If applicable)

Insurance Company _____ Insurance Company _____

Insurance Phone _____ Insurance Phone _____

Policy ID _____ Group _____ Policy ID _____ Group _____

Employer _____ Employer _____

Insured's Name _____ Insured's Name _____

Insured's Date of Birth: _____ Insured's Date of Birth: _____

Patient Relationship to the Insured (circle one)
Self / Spouse / Child / Other

Check if address is same as patient. If not,
complete the information below.

Insured Address _____

City, State, Zip _____

Phone _____

Patient Relationship to the Insured (circle one)
Self / Spouse / Child / Other

Check if address is same as patient. If not,
complete the information below.

Insured Address _____

City, State, Zip _____

Phone _____

Assignment and Release

I, the undersigned certify that I (or my dependent) have insurance coverage with _____ and assign directly to Antoinette Peterson, LLC 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 also understand it is my responsibility to pay any deductible amount, co-insurance, or any other balances not paid by the insurance company or pay the full client fee if I have no insurance coverage.

Client/Guardian Signature

Relationship

Date