JUDITH SMITHCHILD, LPCC - BILLING INTAKE INFORMATION FORM

PATIENT'S NAME; ___________________________________ DATE: ___________
ADDRESS:___________________________ CITY: ______ STATE: ____ ZIP: ________
TELEPHONE NUMBER: WORK: ___________________ HOME: ________________
SOCIAL SECURITY NUMBE: ________________ DATE OF BIRTH:______________

ARE YOU EMPLOYED? YES:__________ NO: ______________
IF YES, NAME AND ADDRESS OF YOUR EMPLOYER: ______________________
____

DO YOU HAVE INSURANCE COVERAGE? YES: _______ NO: ________
IF YES, NAME AND ADDRESS OF INSURANCE COMPANY: __________________
____
NAME OF POLICYHODER: _________________ DATE OF BIRTH: _____________
RELATIONSHIP TO PATIENT: ______________ GROUP NUMBER: ____________
IDENTIFICATION NUMBER: ____________________________

ARE YOU COVERED BY A SECOND INSURANCE COMPANY? YES:___ NO: ___
IF YES, NAME AND ADDRESS OF SECONDARY INSURANCE COMPAY: _______
____
NAME OF POLICYHOLDER: ________________ DATE OF BIRTH: _____________
RELATIONSHIP TO PATIENT: ______________ GROUP NUMBER: ____________
IDENTIFICATION NUMBER: ____________________________

WHO REFERRED YOU TO THIS OFFICE? ___________________________________

IN ORDER TO SECURE PAYMENT FOR MY TREATMENT THROUGH MY INSURANCE COMPANY, I AUTHORIZE **JUDITH SMITHCHILD, LPCC** TO COOPERATE WITH MY INSURANCE COMPANY'S CLAIMS AND MANAGED CARE PROCEDURES, INCLUDING RELEASING SUFFICIENT CLINICAL INFORMATION (FOR EXAMPLE, DIAGNOSIS, SYMPTOMS, AND TREATMENT PLANS) TO ANSWER THEIR SPECIFIC QUESTIONS. I UNDERSTAND THE INSURANCE/MANAGED CARE COMPANY IS OBLIGATED TO MAINTAIN THIS INFORMATION CONFIDENTIALLY. I AUTHORIZE THE AFOREMENTIONED INSURANCE COMPANY TO MAKE PAYMENT DIRECTLY TO **JUDITH SMITHCHILD, LPCC.** I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR THE CHARGES NOT COVERED BY MY INSURANCE AND THAT THE ENTIRE BILL IS MY RESPONSIBILITY REGARDLESS OF MY INSURANCE COVERAGE.

SIGNATURE: ______________________________ DATE __________________

SIGNATURE OF RESPONSIBLE PARTY_________________________
(If patient is under 18 years old)