Angela Rene Brown, LCSW, LLC

Counseling for *Serenity*

INTAKE/INSURANCE/FINANCIAL INFORMATION: page 1/2

Client's Full Name: _____ DOB: _____
Home Address: _____ City: _____ Zip: _____
Cell Phone: _____ Home Phone: _____
Place of Employment: _____ Work Phone: _____
E-Mail: _____ SS#: _____

If client is under 18 years of age:
Parent's Names: _____
Parent's E-Mail: _____
Parent's Cell: _____
Who has Custody?: _____

Primary Insurance Coverage:
Full Name of Insured: _____ DOB: _____
SS#: _____Relationship to the Client: _____
Place of Employment: _____
Name of Insurance Co.: _____
Phone # of Insurance: _____
Address of Insurance Co.: _____
Insurance ID #: _____ Group #: _____

Secondary Insurance Coverage:
Is there Secondary Insurance Coverage?: Yes____ No ____
Full Name of Insured: _____ DOB: _____
SS#: _____Relationship to the Client: _____
Place of Employment: _____
Name of Insurance Co.: _____
Phone # of Insurance: _____
Address of Insurance Co.: _____
Insurance ID #: _____ Group #: _____

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As a service, it is my policy to bill your insurance and to keep accurate and complete clinical records. A fee will be charged for the copying and release of these records. Letters and other documents generated by your request may also be charged a fee. Any paperwork needed for employment, disability, workman's compensation, etc. will require an appointment with the therapist.

We ask that you pay your co-pay, co-insurance portion or other fee at each session. If there is a deductible, you will be responsible for paying that portion. After that, the insurance company will pay me directly, and as long as that has been pre-arranged with your insurance provider, we will only ask for your co-pay portion of that session.

If you are paying privately out of pocket, complete payment is expected at the time of service, unless previous arrangements have been made with the therapist.

If you need to cancel or reschedule an appointment, please give 24 hours' notice, otherwise a charge of $60 will be applied. A credit card on file is required, as a guarantee of payment for outstanding balances.

I sincerely appreciate your cooperation and at any time you have any questions regarding insurance, fees, balances or payments, please feel free to ask.

_____ _____

Signature Date