Perry Sage Therapy

Licensed Marriage and Family Therapist, LF60735148

Client Information

Personal Information

Client name: _____

Address: _____

City/State/Zip: _____

Home phone: _____ Cell phone: _____

OK to leave voice mail? Y N (Circle one)

Date of birth: _____ Email: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Insurance Information

Insurance company: _____

Insured's name: _____ Date of birth: _____

Policy #: _____ Group #: _____

Employee Assistance Plan: _____ Authorization #: _____

I consent to treatment for abovenamed individual and I authorize the release of complete information to my insurance carrier or its intermediaries regarding services here, and assign benefits to provider for services rendered.

Financial Agreement: Please be prepared to fully cover the fees for each visit. If you have insurance, you will be expected to pay the portions of my fees not covered by your insurance. If you do not have insurance, you will be expected to pay my fees at the time of service. I will submit fees to your insurance carrier as a courtesy to you, but it is your responsibility to make sure your insurance carrier has paid for treatment. You are solely responsible for all charges incurred.

Cancellation Policy: If you are unable to make your appointment time, please call at least 24 hours in advance to reschedule your appointment. If you do not give 24 hours' advance notice, you will be charged a fee for a broken appointment.

All information contained above is complete and accurate to the best of my knowledge. I have read and fully understand this agreement.

Patient signature: _____ Date: _____

Legal guardian and/or insured signature: _____