

Demographic Information - Adult

Name _____ Date of Birth _____
Address _____ Social Security _____
Apt/Suite _____ Gender _____
City/ST/Zip _____ Relationship Status: S M D W P (partnered)

Home Phone (____) _____ Employer _____
Cell Phone (____) _____ Address _____
Email Address _____ City/ST/Zip _____
I may be contacted at home ____ work ____ Work Phone(____) _____

* I have specified contact/communication concern on back of form: Yes or No (circle one)

Emergency contact person _____ Phone (____) _____

Bills should be sent to _____
Payment Information: (please check) Self Pay _____ Insurance _____ HSA _____ Other _____
Referred by _____

Insurance information

Primary

Insurance Co. _____
Policy Holder _____
Employer _____
ID#/Group# _____
Type of Coverage: Single or Family (circle)
Claims Address _____
City/ST/Zip _____
Phone (____) _____
Effective Date _____

Secondary

Insurance Co. _____
Policy Holder _____
Employer _____
ID#/Group# _____
Type of Coverage: Single or Family (circle)
Claims Address _____
City/ST/Zip _____
Phone (____) _____
Effective Date _____

Benefits

In Network _____ Out of Network _____
Preauthorization needed? Yes _____ No _____
Authorization # _____
Number of sessions authorized _____
Authorization date _____ to _____
Deductible \$ _____
Copay per session % or \$ _____
Coinsurance _____ %
Benefits for calendar year \$ _____

Benefits

In Network _____ Out of Network _____
Preauthorization needed? Yes _____ No _____
Authorization # _____
Number of session authorized _____
Authorization date _____ to _____
Deductible \$ _____
Copay per session % or \$ _____
Coinsurance _____ %
Benefits for calendar year \$ _____

Assignment of benefits

Since my health insurance may cover the cost of service, I hereby authorize Susan Dellutri, LLC to release to my insurance company and/or contracted billing services only pertinent billing/diagnostic information from my medical records which may be necessary to determine benefits payable under my policy. This information may be transmitted electronically. I authorize payment directly to Susan Dellutri, LLC for services rendered. **I guarantee payment of any and all charges incurred for services rendered which are not covered by this assignment or by insurance benefits.**

Signature _____

Date _____