

Adult Information Form

Client Information

Name _____ Gender _____

Nick Name _____ SSN _____ Date of Birth _____

Address _____

Phone _____ Email _____

Is it OK to leave a voicemail? YES NO

Employer _____ Referred by _____

Emergency Contact _____ Phone Number _____

Payment Insurance Self Pay

Primary Insured

Check if same as Primary Client Information listed above (skip to Primary Insurance Information)

Name _____ Gender _____

Nick Name _____ Client ID _____ Date of Birth _____

Address _____

Phone _____ Cell Phone _____ Email _____

Primary Insurance Information

Carrier _____ Group Number _____

Phone Number _____ Policy Number _____

Address _____

Copay/Co-Insurance per session _____ Deductible _____ Effective Date _____

Secondary Insurance Information

Carrier _____ Group Number _____

Phone Number _____ Policy Number _____

Address _____

Copay/Co-Insurance per session _____ Deductible _____ Effective Date _____

ASSIGNMENT OF BENEFITS: Since my health insurance may cover the cost of service, I hereby authorize Nicole V Zellner, LLC, to release to my insurance company and/or associated professionals 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 Nicole V Zellner, 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.**

Client Signature _____ Date _____