

Intake & Insurance Form

This information is needed for submitting claims and/or auditing purposes. Please fill in all areas.

Date: _____ DOB: _____ Gender: **M** **F**

Name: _____ Parent or Spouse _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Marital Status: Single Married Widowed Divorced Other

Employer's / School's Name: _____

Who referred you to Family Institute, P.C.? _____

Email Address: _____ Religious Preference: _____

____ Cash Pay ____ Insurance ____ EAP

INSURANCE REQUIRED INFORMATION:

Insurance Co.: _____ Subscriber ID#: _____ SSN: _____

Customer Service phone number(usually on back of card): _____

Main Subscribers Name : _____ Plan / Group #: _____

Employer who Insurance is through: _____

Authorization # (if required): _____ # of visits allowed (12 or 24 months) _____

Start date _____ Renewal date _____

Co Pay : _____ Deductible : _____ Effective date of Insurance: _____

(This information is not a guarantee of coverage , we will not know your exact benefits & coverage until we receive a explanation of benefits from your insurance company after first billing.)

Do you have out of network benefits if Counselor is not a preferred provider? _____

Name, Phone, & Relationship of a close relative/friend to alert in an emergency:

My Therapist Is:

- | | | |
|--|---|--|
| <input type="checkbox"/> Peggy Casebeer, MN, PMHNP | <input type="checkbox"/> Lindsay Jaques, MA, LPC | <input type="checkbox"/> Erica Schippers, Prof Counselor |
| <input type="checkbox"/> Bob Davidson, M.Div., M.Ed., LMFT | <input type="checkbox"/> John Crippen, M.Div., MA, Prof Counselor | <input type="checkbox"/> |
| <input type="checkbox"/> Wendy Galambos, MA, LPC | <input type="checkbox"/> Tatiana Bowers, MS, Prof Couns | <input type="checkbox"/> |
| <input type="checkbox"/> Ed Eaton, MS, LPC | <input type="checkbox"/> Becky Nice, Prof Counselor | <input type="checkbox"/> Ileana Villeda-Cortes, LLI |

Co Pay / Session Fee: **Due at the beginning of each appointment.** (Cash, Check, Credit Card)
You may pay the receptionist or the therapist directly.

**WE DO NOT MAKE REMINDER CALLS
BEFORE APPOINTMENTS**

Appt Time: -
Chart #: -
Forms: -