Demographics and Insurance Authorization

(Complete all sections)

CLIENT INFORMATION: Today's Date: _______________

Name ____

Date of Birth______________ Age ____________

Address____________________________________City___________________State/Zip________

Phone Number (home) ______________________(work/cell) ________________________

Social Security # ___________________________

Place of Employment: ____

City/State/Zip/Telephone Number: ____

BILLING INFORMATION:

Primary Insurance Name: ____

Policy #: _____________________________ Group # _______________________

Insured's Name: ____

Insured's Employer: _________________________ City/State/Zip: ___________________________

SOM Employees (circle one for behavioral health: Magellan/Beacon Health/McLaren
Do you have a card for behavioral health services separate from your primary medical card?
Card # ______________________________

Patient's Relationship to the Insured: SELF SPOUSE CHILD OTHER

Secondary Insurance Name: ____

Policy #: ____________________________ Group # ______________________

Insured's Name: ____

Insured's Employer: ________________________ City/State/Zip: __________________________

All charges are due at the time of service unless other financial arrangements are made. I hereby authorize Evolve Counseling and Holistic Wellness, LLC to release any and all medical information to the insurance company to process insurance claims on my behalf and authorize assignment of insurance benefits to be paid directly to Evolve Counseling and Holistic Wellness, LLC for services provided. I agree to be responsible for any deductibles, co-payments and other fees as determined by my insurance company. I agree to pay in full if my insurance is otherwise inactive at the time of service according to the fee schedule of Evolve Counseling & Holistic Wellness, LLC. I certify this information is true and correct to the best of my knowledge. I acknowledge that Evolve Counseling and Holistic Wellness, LLC also utilizes the service of MBS Billing in Mason, Michigan to process insurance claims and to send invoices in an effort to collect copays, deductibles or other fees not payable via insurance such as cancellation, no-show fees. MBS Billing utilizes a third-party collection agency should unpaid copays, deductibles or other fees not collected, or arrangements are not made in advance for payment.

PATIENT OR RESPONSIBLE PARTY SIGNATURE: x ______________________________________

Office Use Only Fee: ____________ Dx: _______________ Individual/Family/Couples