

Evolve Counseling & Holistic Wellness, LLC©

Demographics and Insurance Authorization

(Complete all sections)

Please include a copy of your Insurance Card and Driver License with current address upon return

CLIENT INFORMATION:

Today's Date: _____

Name _____

Date of Birth _____ Age _____ SS# _____

Billing Address _____ City _____ State/Zip _____

Phone Number (home) _____ (work/cell) _____

E-Mail Address: _____

BILLING INFORMATION IF USING INSURANCE COMPLETE BELOW (DO NOT COMPLETE THIS SECTION IF SELF-PAY CLIENT)

Primary Insured's Name: (SELF): _____ Other if not the client: _____

Insurance Name (ie: BCBS _____ Policy #: _____

Group # _____ Subscriber # _____

Primary Insured's Employer: _____ Primary Insured's DOB: _____

City/State/Zip: _____

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

Secondary Insurance Name: _____

Policy #: _____ Group # _____

Insured's Name: _____

Insured's Employer: _____ City/State/Zip: _____

COMPLETE THIS SECTION IF YOU WOULD LIKE TO RETAIN A CREDIT CARD ON FILE FOR CO-PAY AND DEDUCTIBLE PURPOSES ONLY. By sign this section, you are authorizing Evolve Counseling & Holistic Wellness, LLC and its billing services Mid-Michigan Medical Management to deduct \$_____ from your credit card account listed below. You may stop this at any time.

Name on Credit Card: _____ Type MC/VISA/DISCOVER/AMEX _____

Credit Card # _____ Expiration Date _____ CVV _____

Signature: _____ Date: _____

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 & Holistic Wellness, LLC also utilizes the service of Mid-Michigan Medical Management in Mason, Michigan, (517) 676-9788, 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. Mid-Michigan Medical Management 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