



for office use Authorization \_\_\_\_\_

Counselor \_\_\_\_\_

Dx 1 \_\_\_\_\_ Dx 2 \_\_\_\_\_

**New Client Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Relationship Status \_\_\_\_\_ SSN \_\_\_\_\_

Phone \_\_\_\_\_ Preferred? \_\_\_\_\_ Message OK? \_\_\_\_\_ Email \_\_\_\_\_

Home \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ Mailing Address \_\_\_\_\_

Work \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ \_\_\_\_\_

Mobile \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ \_\_\_\_\_

Please check:  Employed  Unemployed  Disabled  Student  Retired \_\_\_\_\_  
Date of Retirement

Employer \_\_\_\_\_ Gross Income \_\_\_\_\_  
For Sliding-scale, as needed

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Primary \_\_\_\_\_ Other \_\_\_\_\_

**Insurance**

Primary Insurance \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Policy Holder's Employer \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Policy Holder's Employer \_\_\_\_\_

**Payment** You are responsible for the cost of all sessions. If you are using insurance, we will obtain payment from your insurance company on your behalf and you are responsible for all fees not covered by insurance. **PLEASE NOTE: appointments for which you have given less than 24 hours' cancellation incur a \$60.00 fee. In addition, there is a \$30.00 fee for bounced checks; and once a check bounces, we will only accept cash or money orders. For letters, reports, etc. there is a \$25.00 fee per half hour required. These fees are NOT COVERED by insurance.**

**Authorization** I authorize Suburban Crossroads Counseling (SCC) to furnish information to my insurance carrier at the time of treatment concerning my diagnosis and treatments, and hereby assign to the provider all payments for medical services rendered to myself or my dependent (s). I understand I am responsible for payment as described in the above paragraph. This agreement will remain in effect unless revoked in writing.

Signature of Client/Guardian \_\_\_\_\_ Date: \_\_\_\_\_