GREAT RIVER
PSYCHOTHERAPY

Patient Information

Name _____Patient date of birth ___ /___ /___
Previous name(s)_____
Home address_____
City_____State_____Zip code_____
Cellular Phone_____ Okay leave message? Yes No
Home phone _____ Okay leave message? Yes No
Work Phone_____ Okay to leave message? Yes No
E-mail address (optional)_____ Gender _____
Employer _____ Occupation _____
Relationship Status (please circle): single married widowed divorced separated partnered

Primary Insurance

Primary Insurance Company _____ Phone _____
Ins Claims Address _____ City _____ State _____ Zip _____
Policy/Member ID _____ Group/Account # _____
Policy Holder Information: (if the patient is not the employee/policy holder)
Last name _____ First name _____ Initial ____ Date of Birth ___ /___ /___
Address _____ City _____ State _____ Zip _____
Relationship _____ Employer _____

Secondary Insurance

Secondary Insurance Company _____ Phone _____
Ins Claims Address _____ City _____ State _____ Zip _____
Policy/Member ID _____ Group/Account # _____
Policy Holder Information: (if the patient is not the employee/policy holder)
Last name _____ First name _____ Initial ____ Date of Birth ___ /___ /___
Address _____ City _____ State _____ Zip _____
Relationship _____ Employer _____

Responsible Party (Where should the patient's portion of the bill be sent, (if not to the patient?)

Name _____ Relationship _____
Address _____ Phone _____

Assignment and Release

I, the undersigned, certify that I (or my dependent) have insurance coverage as noted above and assign directly to the healthcare provider listed at the top of this form all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the healthcare provider to release all information necessary secure the payment of benefits and to mail patient statements. I authorize the use of this signature on all insurance submissions.

_____ _____ _____
Responsible Party Signature Relationship Date