

CLIENT REGISTRATION FORM

Client Information

Client Name _____ Date of Birth _____
Last Name First Name Initial

Address _____
Street City State Zip Code

Cell Phone _____ OK to Call/Text/Leave Message? Y /N

Work Phone _____ OK to Call/Leave a Message at Work? Y / N

Email _____

Emergency Contact _____ Emergency Phone _____

Gender: Female/Male Age: _____ Status: Single/Married/Committed Relationship/Widowed/Separated/Divorced

Employer _____ Occupation _____

Referred by _____ May I acknowledge this referral? _____

Insurance Information

Insurance Company _____ ID # _____

Insurance Subscriber Name _____ Subscriber Date of Birth _____

Group # _____ Subscriber's Employer _____

Subscriber's Address _____

Insurance Claims Address _____ Payor ID# _____

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

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 Christie Tanner, LLC, 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 Christie Tanner, PsyD, LP to release all information necessary to secure the payment of benefits and to mail client statements. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature

Relationship To Client

Date