

REGISTRATION FORM

CLIENT'S NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Age of Client \_\_\_\_\_ Gender of Client \_\_\_\_\_ Marital Status \_\_\_\_\_

Address: \_\_\_\_\_  
city state zip

Phone: \_\_\_\_\_  
(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

I often find it convenient to communicate with clients regarding appointments via email or text message, if this is acceptable to you please provide your email address and/or number to receive text message.

\_\_\_\_\_  
Insured's SS# \_\_\_\_\_ Referred by: \_\_\_\_\_

In an emergency, who should be notified?  
\_\_\_\_\_

Phone \_\_\_\_\_

Client's employer \_\_\_\_\_

Employer's address  
\_\_\_\_\_

Insurance company  
\_\_\_\_\_

Claims address \_\_\_\_\_

Group# \_\_\_\_\_ ID # \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Insured's address: \_\_\_\_\_  
city state zip

Insured's phone \_\_\_\_\_

Insured's Employer  
\_\_\_\_\_

Is there secondary insurance? Yes No If yes

\_\_\_\_\_  
Secondary insurance's address \_\_\_\_\_

Phone \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

SIGNATURE ON FILE

\_\_\_\_\_ I authorize use of this form on all my insurance submissions.

\_\_\_\_\_ I authorize release of information to all my insurance companies.

\_\_\_\_\_ I understand that I am responsible for my bill.

\_\_\_\_\_ I authorize DeFrancisco and Associates, LLC to act as my agent in helping me obtain payment from any insurance company or companies.

\_\_\_\_\_ I authorize direct payment to DeFrancisco and Associates, LLC.

\_\_\_\_\_ I permit a copy of this authorization to be used in place of the original.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature

Is it okay to contact you by phone at home? Yes No

Is it okay to contact you by phone at work? Yes No

Is it okay to leave a voice mail message on your cell phone? Yes No

It is okay to send you a text message confirming your appointment? Yes No

Is it okay to leave a message identifying myself on your home answering system?

Yes No

Is it okay to mail correspondence to your home address? Yes No

Is it okay to contact your primary physician or treating psychiatrist (If applicable) to coordinate services?

Yes No