

Therapist:

Date of apt:

2020 Raybrook Ave SE, Suite 305
Grand Rapids, MI 49546
Phone (616) 202-4444, Fax (844) 848-9346
advancedcounselingandtherapyservices.com

**PATIENT INFORMATION**

Client Name Birthdate

Address City State Zip

Home Phone# Work# Cell#

Email Marital Status

Children Age

Children Age

Medications

Primary Care Physician

Emergency Contact Phone#

Relationship to Patient

**Responsible Party if Different from Above**

Name Address

Home Phone# Work# Cell#

**Insurance Information**

**Primary Carrier** Subscriber's Name

Subscriber's Address DOB

Subscriber's ID# Employer

**Secondary Carrier** Subscriber's Name

Subscriber's ID# DOB

**Please Read Carefully**

AUTHORIZATION FOR RELEASE OF INFORMATION FOR BILLING PURPOSES

I hereby authorize the release of information necessary for third-party claim submission and/or payment services. I authorize payment of third party benefits to Advanced Counseling & Therapy for therapy services provided. I understand that I am responsible to pay Advanced Counseling & Therapy for all sessions rendered. Additionally, I understand I am responsible to pay a fee for any no show or late cancellation, less than 24 hours prior to your scheduled appointment.

**Signature:**   **Date**