

Date: _____

Patient Information

Name: _____ Social Security Number: _____

Gender: Male Female Age: _____ Date of Birth: _____

Marital Status: Married Separated Widowed Divorced Single Cohabiting

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ OK to Leave a Message? Yes No

Cell Phone: _____ OK to Leave a Message? Yes NO

Work Phone: _____ OK to Leave a Message? Yes No

Referral Source: _____

Emergency Contact Name and Phone

Number: _____

Primary Insurance

Policy Holder Name: _____

Policy Holder Social Security Number: _____

Policy Holder's Relation to Patient: _____

Policy Holder's Address: _____

Policy Holder's Phone: _____ OK to Leave a Message? Yes No

Policy Holder's Employer: _____

Insurance Company: _____

ID #: _____ Group/Contract #: _____

Secondary Insurance

Policy Holder Name: _____

Policy Holder Social Security Number: _____

Policy Holder's Relation to Patient: _____

Policy Holder's Address: _____

Policy Holder's Phone: _____ OK to Leave a Message? Yes No

Policy Holder's Employer: _____

Insurance Company: _____

ID #: _____ Group/Contract #: _____

Assignment and Release

I certify that I, and/or my dependents, have insurance coverage with _____ (name/names of insurance company/companies) and assign directly to Hope Psychological Services and Dr. Linda Hinkle 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 authorize the use of my signature on all insurance submissions. Dr. Hinkle may use my health care information and may disclose such information to the above-named insurance company(ies) and their agents for the purpose of obtaining payment for service and determining insurance benefits or the benefits payable for related services. This consent will end when my current treatment course is completed and paid in full.

Signature of Patient/Parent/Guardian

Date

Printed Name of Patient/Parent/Guardian

Relation to Patient