

RIDGELINE COUNSELING LLC
New Client Information

Last Name of Client _____ First Name _____ Middle Initial _____
Social Security Number of Client _____ Gender: M or F
Birthdate of Client _____ E-Mail Address _____
M- Married S- Single Se- Separated D- Divorced W- Widowed O-Other
Client Address _____
City _____ State _____ Zip Code _____
Home Telephone (____) _____ → Acceptable to leave message? Yes No
Work Telephone (____) _____ → Acceptable to leave message? Yes No
Cell Telephone (____) _____ → Acceptable to leave message? Yes No
Email _____ → Acceptable to leave message? Yes No
Employer or School Name & Address _____
Who Referred You? _____ Name of Emergency Contact: _____
Emergency Contact Phone: (____) _____ Acceptable to leave message? Yes No

Policy Holder/Responsible Party Information

Policy holder's Last name _____ First name _____ Middle Initial _____
*Policy holder's relationship to client: __ Self __ Spouse __ Parent/Guardian __ Other
Birthdate _____ Social Security Number _____
Employer and Address _____
Address (if different from client) _____ City _____ State _____ Zip Code _____
Home Telephone (____) _____ Work Telephone (____) _____
Cell Phone (____) _____ E-Mail Address _____

*If the client is the policy holder/responsible party please continue to Insurance Information section below.

Insurance Information

Insurance Co. Name _____ Insured ID _____
Authorization #: _____ Group ID _____
Group Name _____ Phone Number (____) _____

1. I hereby authorize the therapist whose name appears on my insurance claim form to release any requested information (except psychotherapy notes) to my insurance company that is necessary for billing or to process my claim for payment of services.
2. I hereby authorize my insurance company to send payment directly to the therapist whose name appears on my insurance claim for all services provided.
3. I understand that it is my responsibility to be familiar with my insurance benefit and that I am financially responsible for any charges not covered by my insurance.

Print name *Signature Date

*The signature of the custodial parent or guardian is required for clients under 18 years of age.