

Client Information Form for Sabrina Walters Counseling

Client: Minor _____ 18-21 _____ Adult _____ (If you are a minor or 18-21 an adult must co-sign for financial responsibility and complete Release of Information signed by both parent and child).

Section 1: Client Information

Last Name:	First:	Middle:
Date of Birth:	Place of Birth:	
SSN:	Driver's License:	
Address:		
City:	State:	Zip:
Phone Number:	Work Number:	
Cell Number:	Email Address:	
Spouse Name:	Work Number:	
Dependent's Names and Ages:		

Section 2: Insurance Information

Company Name:	Position Title:
Primary Insurance Company:	
Policy Numbers: Group #:	Individual #:
Responsible Name:	Relationship to Client:
Insurance Holder's DOB:	
Secondary Insurance:	Insurance Holder Name:
Policy Number:	DOB: Rel. to Client:

Section 3: Emergency Contact Information

Name:	Relationship:
Phone No.	Cell: Work:

Section 4: Credit Card Information

Name on Card:	Card Type:
Credit Card No.	Exp.

I authorize Sabrina Walters and her billing service (MHBC) to keep my credit/debit card information on file, including my name, card type, card number, card expiration date and signature. I understand that a statement is available to me upon request and that I may rescind my authorization in writing. I authorize Sabrina Walters Counseling, LLC to charge my card according to the fee agreement (e.g., Copayments, Coinsurance, Deductible, Private payment and insurance denials).

Card Holder's Signature

Date