

Name:		State license #:
Address:		
Phone: Home:	Work:	Cell:
Soc. Sec. #:	Date of Birth	Today's Date:
Employer:		Physician:
Who referred you?		
Primary Insurance Company:		
ID #:	Group #	
Copayment/ Payment Structure:		
Subscriber's Name		Relationship to Client:
Subscriber's date of Birth:		
Secondary Insurance Company:		
ID #:	Group#:	
Subscriber's Name:		
Have you had a workman's Comp case open in the past or currently?		

I acknowledge that my signature indicates that I agree to the following:

1. I agree to the release of all assessment and treatment related information by and to my insurance company or its agents for billing, authorization, and/or payment purposes as applicable. Release to my insurance company will remain in effect until my final account has been satisfied.
2. My fee has been explained to me.
3. I agree to pay the full fee or co-pay at each visit
4. I agree to pay my insurance deductibles and/or the difference between what the insurance company may pay and the per session charge unless my insurance coverage forbids this.
5. Frederick Marschner makes no express or implied guarantee for any of his services.
6. I will be responsible for any treatment service rendered me notwithstanding that I have provided the insurance information required to process any assistance for which I am eligible until such insurer has fully paid all fees for services rendered.
7. I will be responsible for obtaining any referrals or authorization for services required by insurer or source of assistance to validly claim such insurance or source of assistance.
8. I understand that Workman's Comp will not cover services provided by Licensed Clinical Social Workers.
9. I understand that my fee may change with a change of insurance status and agree to inform Frederick Marschner of any changes
10. I agree to pay all bank charges if a check is returned for insufficient funds or dishonored for any other reason. I agree to pay any fees that may accrue in the process of Frederick Marschner having to obtain assistance in obtaining reimbursement for services rendered.
11. These conditions have been explained to me. I understand and agree to them.

I will be having you sign forms in the office.