Kim Ykema Counseling PLLC

For office use only
Dx ___________________
____

Date of first session
____

Billing Information

Client Name ____

Address ____

City ____ State ______________ Zip code _________________

Phone at home (____)_____________________ Cell phone (____)__________________________________

Birthdate ___/____/______ Female □ Male □ Other □ Single □ Married □ Widowed □ Separated □

SSN ___________________ Employer ___________________________ Occupation ___________________

Primary Care Doctor ____ Phone ___________________

Referred by ____ Phone ___________________

Emergency Contact ____ Phone ___________________

Address ____

If another person is responsible for charges

Name ____Phone at home (___)_______________

Address ____ Phone at work (___)________________

Primary insurance ____ Subscriber _______________________

Group#___________________ Identification#______________________ Patient's relation to subscriber is:

Employer ____ self □ spouse □ child □ other □

Secondary insurance ______________________________________ Subscriber _______________________

Group#___________________ Identification#______________________ Patient's relation to subscriber is:

Employer ____ self □ spouse □ child □ other □

Consent for treatment, statement of financial responsibility, and release of information

I hereby give my consent for psychotherapeutic consultation and treatment.
I understand that each counselor in this office is an independent practitioner and no other clinician is involved in the consultation and/or treatment of me or my dependent.
I agree to be financially responsible for all charges that accrue from consultation and treatment.
I agree to be financially responsible for cancelled appointments in accord with my counselor's cancellation policy.
I authorize insurance benefits to be paid directly to the counselor, and that the counselor may release any information to the insurance company required for processing any claims.
This authorization will remain in effect indefinitely.

Signature of client ____ Date __________________
If signed by another responsible person, specify relationship to client ____________________________

2019.07.01