

# Welcome to the Office of Maureen Smart, LCSW-R, ACSW

Name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ (Parent) Cell phone # \_\_\_\_\_

DOB of person we are billing insurance under: \_\_\_\_\_

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor/Social Worker: \_\_\_\_\_ Contact info: \_\_\_\_\_

## What would you like to talk about today?

\_\_\_\_\_

\_\_\_\_\_

Insurance/Payee Information – please complete if insurance information was not supplied electronically.

Health Insurance Company: \_\_\_\_\_

Insurance company mailing address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary Insured; relationship to individual: \_\_\_\_\_

Under whose name are we billing the insurance company? \_\_\_\_\_

- \* I understand that my personal insurance information, including diagnosis, will be shared with a third party medical biller.
- \* Please be aware that texting and email are not always productive or confidential forms of communication.
- \* Appointments cancelled with less than twenty-four hours' notice, and not rescheduled during that same week, are subject to being billed full fee which is often a higher cost than your co-pay.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How were you referred here? \_\_\_\_\_

- \* It is the practice of this office to send a thank you note to the person who referred you here. No further communication will occur without your express written consent.

Thanks for coming in today. I am glad you did. 😊