Rebecca Abbott Kelley, LCSW
New Client Information Sheet

Date: _______________

Client Name: ____
Last First Middle

Address: ____
Street City State Zip Code

Phone Numbers: _______________________ ________________________
Cell home

____
Work *Please circle the phone number that is the best number to call first if I need to cancel in an emergency.*

Age: _________ Birthdate: ________________ Sex: ____________

Marital Status: _____________ Employer: ________________________________

Occupation: ______________________________ Education: _________________

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Person Responsible for Bill: ______________________ Relationship ____________

Spouse/Parent: _____________________ Address: _________________________

Employer: _________________________ Work #: _________________________

Children (name/age): ____

Siblings (name/age): ____

Nearest Relative Not Living With You: _____________________ Phone: __________

In Case of Emergency Call: _________________________ Phone: _____________
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Primary Insurance Company: ____________________ Phone #: ________________

Subscriber ID #: ____________________ Group #: _________________________

In order to file your claims, I must have the primary policy holder's name, DOB and social security number.
Policy Holder's Name: _____________________ Policy Holder's SS#: ____________

Policy Holder's DOB: ________________ Policy Holder's Address: ______________

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Client Name: ___________________________ DOB: ___________________________

Insurance: _______________________ Insurance Phone #: _____________________

Claims Address: ____

Member #: _______________________________ Group #: _____________________

Primary Cardholder: _____________________________ Relationship to ct. ________

PC DOB: ___________________ and SSN ___________________________________

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I will complete bottom portion.

Copay: ___________________________ Deductible _____________ (met/not met)

Effective date: ________________ # of visits: ________________________________

Calendar year? Y or N If not, what is benefit period?

Authorization needed: _____________

Phone # for Authorization: ____

Authorization # if applicable: ____

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