Hicks Counseling Services

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General Information Form

Last Name _____ First _____ MI ___ Nickname _____ Sex: M F

SS# _____ DOB _____ Home# _____ Cell# _____

Street _____ City _____ State ___ Zip_____

Contact Person's Email _____

Married __ Single __ Separated __ Divorced __ Widowed __ Under 18 years of age? Yes ___ No ___

If under 18… Mother's Name _____ Cell _____ Father's Name _____ Cell _____

Current Medications

_____ Name of

Responsible Party Covering Deductibles and Co-pays _____ Same address as above? Yes __ No __

Street _____ City _____ State ___ Zip

_____ Primary Care Physician's Name _____ Phone _____

PRIMARY Insurance Coverage- PLEASE DO NOT LEAVE ANY BLANKS

Insurance Co. _____ Managed Care Co. _____ Tel# _____

Claims: Street _____ City _____ State ___ Zip _____

Policy# _____ Group# _____

**Please present your card to therapist to be photocopied

MENTAL HEALTH Insurance Coverage- PLEASE DO NOT LEAVE ANY BLANKS

Insurance Co. _____ Managed Care Co. _____ Tel# _____

Claims: Street _____ City _____ State ___ Zip _____

Policy# _____ Group# _____

Is precertification necessary? If Yes, Authorization #_____ # of visits _____ Start ____ End _____

Name of Policyholder _____ (Must match to policy# above) Relationship to client _____

Address of Policyholder _____City _____State ____Zip _____

Policyholder's Date of Birth _____ (required) Home # _____Work# _____

Social Security # of Policyholder (required if different than above) _____

Assignment and Release

I, the undersigned certify that I (or my dependent) have insurance coverage stated above and assign payment directly to entity named above all insurance benefits. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor/therapist to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance. I am entitled to a copy of this agreement by requesting one.

_____ _____ _____

Responsible Party Signature **Relationship** **Date**