**SPENCE COUNSELING CENTER, P.C.**

**OFFICE USE ONLY**
Therapist_______________ Photo ID _____
Omaha Fremont Red Oak Co Bluffs (circle)
Info Legible/Complete ____ Fee Agree ____
Lg Ins Card ___ Elig/Ben ___ Confirm Pay ___
Scanned ____ Initials ______ Date __________

## UPDATED CLIENT INFORMATION (Note changes with * asterisk please)

Client Legal Full Name: ______________________________________________

Address: ________________________________________ City: ________________

State: ______ Zip: ___________________ Policyholder SS#: ___________________ (required by some ins cos.)

Client DOB: _______________ Gender: Male ( ) Female ( ) Race: __________ Age: _____

County of Residence ____________________ Single ( ) Married ( ) Divorced ( ) Widowed ( ) Child ( )

Is this a Minor? ____ If so, Policyholder Name: _______________ Address, if different: _______________________________

Home Phone: ____________________ Work Phone: ______________________ Cell Phone: ________________________

Employer: ___________________________ E-mail: ________________________________________________________

Emergency Contact Name & Phone Number: __________________________________________________________________

## FAMILY INFORMATION

| Name | Date of Birth | Gender | Relationship |
|---|---|---|---|
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## PRIMARY INSURANCE COVERAGE INFORMATION

Primary Insurance: ________________________________________________________________________________
Insurance Address/Phone: __________________________________________________________________________
Insured Name: __________________________ M ( ) F ( ) Insured DOB: ____________ Relationship: ________________
Insurance Type: Aetna ( ) BCBS ( ) Cigna ( )Tricare ( ) Midlands Choice ( ) Other ( ) ____________________________
Policy#: _________________________ Grp#: ________________ Deductible?: $_________ Deductible Met?: Yes or No
Co-pay?: Y/N. If yes, Amt: $ _____ Do you have Out-of-Network benefits? ______ Is an Authorization required? _________

## SECONDARY INSURANCE COVERAGE INFORMATION

Secondary Insurance: ______________________________________________________________________________
Insurance Address/Phone: __________________________________________________________________________
Insured Name: _________________________ M ( ) F ( ) Insured DOB: ____________ Relationship: ________________
Insurance Type: Aetna ( ) BCBS ( ) Cigna ( ) Tricare ( ) Midlands Choice ( ) Other ( ) __________________________
Policy#: _________________________ Grp#: ________________ Deductible?: $________ Deductible Met?: Yes or No
Co-pay?: Y/N. If yes, Amt: $ ______ Do you have Out-of-Network benefits? ____ Is an Authorization required? __________

1) I hereby give consent to Spence Counseling Center for myself and/or my dependents in the evaluation and treatment regarding my therapy that may be advisable or necessary in their opinion.
2) I authorize any holder of medical information on myself and/or my dependents to release said information needed to determine benefits payable for medical services. I further authorize payments for services furnished to myself and/or my dependents be made payable to Spence Counseling Center.
3) I understand and agree that **I must notify Spence Counseling Center within 24 hours to cancel or change an appointment** for myself and/or dependents. **If not, I will be billed and agree to pay the full session fee**.
4) I agree to notify Spence Counseling Center as soon as possible if my name, address, phone, or insurance information changes. If insurance coverage changes, I will bring in the card(s) as soon as possible.
5) **Having insurance coverage does not guarantee payable benefits. I understand that I am responsible and agree to pay for any deductibles, co-pays, or any amounts not covered by my insurance.**
6) **Any past due fees of balances over $200.00 and/or later than 60 days will accrue a monthly 2% late charge to my account.**
7) This consent shall hold valid for this and all future visits unless revoked in writing. My signature demonstrates that I have read, understand, and agree to the above.

| ______________________________ | __________________________ | ___________________________ |
|---|---|---|
| Client/Guardian Signature | Print Name | Date Signed |
| ______________________________ | __________________________ | ___________________________ |
| Client/Guardian Signature | Print Name | Date Signed |