

HYGEIA COUNSELING SERVICES

DEMOGRAPHIC & FINANCIAL INFORMATION SHEET (Regular Version)

REGISTRATION:

Please complete this page 1 section if you have not filled out the Registration Form online through Therapy Appointment. Otherwise, just write in your name and proceed to "Additional Information" on page 2.

NAME: _____ (First, middle, and last names)___

PREFERRED OR NICKNAME (if any): _____

GENDER: MALE FEMALE (← This dumb question is required to be documented by insurance regulations.)

DATE OF BIRTH: _____

MARITAL STATUS (circle): Never Married Married Separated
Divorced Widowed

EMPLOYMENT STATUS: Employed FT Employed PT Student PT Student FT Other

LIVING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

HOME PHONE: _____ WORK PHONE: _____ EXT#?: _____ CELL PHONE: _____

EMAIL: _____ (For appointment scheduling and administrative matters – not counseling)

APPOINTMENT REMINDERS?: Email Text Msg (cell only) Phone Call (to # listed as "Home") None

EMERGENCY CONTACT: _____ EMERGENCY CONTACT PHONE: _____

INSURANCE:

INSURANCE COMPANY: _____

INSURED PERSON'S NAME: _____

CLIENT'S RELATIONSHIP TO INSURED PERSON: _____

INSURED'S ADDRESS AND PHONE NUMBER (if different from yours):

INSURED'S DATE OF BIRTH: _____ INSURED'S GENDER: _____

INSURED'S EMPLOYER: _____

INSURANCE ID NUMBER: _____ INSURANCE GROUP NUMBER (if any): _____

INSURANCE COMPANY PHONE: _____ (usually on back of card)

ADDITIONAL INFORMATION:

Please complete this section even if you have completed the online registration at Therapy Appointment.

MAILING ADDRESS (if different from living address): _____

CITY: _____ STATE: _____ ZIPCODE: _____

PRIMARY CARE PHYSICIAN (PCP): _____

PCP PHONE & ADDRESS: _____

GROSS FAMILY INCOME: \$ _____

SOURCE OF INCOME (circle): Employment(Self) Employment (Spouse)
 Workmen's Compensation Unemployment
 Child Support SSI SSDI Alimony

ADDITIONAL INSURANCE INFORMATION:

James Michael Reeder ("Hygeia Counseling Services") is an in-network provider for Hopkins EHP, Hopkins USFHP, Maryland Medicaid (MA), Beacon Health / Value Options, Evergreen Health Coop, Cigna, and Aetna. Services are frequently partially reimbursable if you have other insurance with out-of-network benefits. We will attempt to bill your out-of-network insurance as a courtesy. You may elect to forgo filling this section out and simply pay out-of-pocket.

PHOTOCOPY OF INSURANCE CARD (front and back): _____(check if provided)

SECONDARY HEALTH BENEFIT PLAN?: YES NO

IF SO, INFORMATION ON 2ND PLAN (Insurance Company, Name of Insured, Insured Address, Insured Phone Number, Insured DOB, Insured Gender, Insured Employer, ID Number, Group Number (if any), Insurance Company Phone Number):

_____ Initial here if you decline to utilize any insurance benefits you may have available. You acknowledge that you are aware that you will be paying bills out-of-pocket at the established rate and that you will not seek later reimbursement directly through the insurance company or have James Michael Reeder/Hygeia Counseling Services submit claims on your behalf. This agreement may be cancelled in writing at any time for dates forward of the dated of the signed cancellation.

Out-of-Network (OON) Coverage:

The vast majority of the time OON coverage is simple. I submit it & they pay your contracted coverage. Please be aware however that some insurance plans are playing games – requiring the therapist to register with the company, requiring periodic prior authorization for future blocks of sessions, requiring signed agreements, etc. I may not choose to jump through these hurdles. You remain responsible for your bill.

I certify that the information given is accurate to the best of my knowledge. I understand that I am financially responsible to James Michael Reeder (TA Hygeia Counseling Services) for services rendered. I understand that payment is due at time of service unless prior arrangements have been made, and that services may be discontinued if payment is not made.

Printed Name

Client Signature

Date