

Breakthrough Counseling, LLC
Patient Information

Referred by: _____ Date: _____

Name: First _____ Middle _____ Last _____ Nickname _____

Address: _____ Male _____ Female _____

City: _____ Zip: _____ Employer: _____

Home Phone: _____ Marital Status: _____

Work Phone: _____ Student Status: _____

Fax: _____ Emergency Contact: _____

SS Number: _____ Relationship: _____

Date of Birth: _____ Phone: _____

Custodial, Guardian Parent, or Other Billable Party Information

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ Cell: _____

State: _____ Zip: _____ Fax: _____

Send bills to the name/address? Yes No

Primary Insurance Information

Policy Holder Name: _____ Insured's ID: _____

Social Security Number: _____ Primary Insurance Co: _____

Insured's date of Birth: _____ Employer Providing Plan: _____

Patient Relationship to Insured: _____ Group Number: _____

WE ARE NOT MEDICARE PROVIDERS. IF MEDICARE IS YOUR PRIMARY INSURANCE YOU WILL BE RESPONSIBLE FOR PAYMENT.

Please notify the receptionist if you have secondary insurance coverage.

This 'PHYSICIAN RELEASE' permits your therapist to inform your Primary Care Physician (PCP) of your therapy. May we release your therapy information to your Primary Care Physician? Yes No

Please Notify: Dr. _____ Tel: () _____ - _____ Fax: () _____ - _____

Address: _____ State: _____ Zip Code: _____

Release of Medical Information

I authorize payment of insurance benefits to Breakthrough Counseling, LLC. I understand that I am financially responsible for any charges not covered by insurance or third party payer.

I authorize the release of any medical information necessary to process this claim. Oklahoma State Law (O.S. 63 Sec. 1-5022) requires the following statement: The information may include records which may indicate the presence of a communicable or venerable disease including but not limited to Hepatitis, Syphilis, Gonorrhea, Human Immune Deficiency Virus, and Acquired Immune Deficiency Syndrome (AIDS).

Signature of Responsible Party: _____ Date: _____