**Financial Time of Service – New Client Demographic Information**

 **Rhoberta E Michaels LPC NCC – Peace & Light Psychotherapy LLC**

CLIENT INFORMATION

Full Name:

Date of Birth: Preferred Pronoun:

Full Home Address:

Home Phone: Work Phone: Cell Phone: OK for VM?

CONTACT PERSON

Full Name:

Message Phone: Email:

Send Bills To: Relationship:

Mailing Address: Phone:

Email Address: Email Bills? Y N

PRIMARY INSURANCE

Insurance Company & Phone # Effective Date:

Insurance Claims Mailing Address:

Name of Policy Holder:

Insurance ID# Group #

Date of Birth: Relationship to Client:

Policy Holder’s Employer/Address:

Insured Address if not listed above:

Insured Phone if not listed above:

SECONDARY INSURANCE

Insurance Company & Phone Number

Effective Date:

Insurance Claims Mailing Address:

Name of Policy Holder: ID# Group #

Date of Birth: Relationship to Client:

Policy Holder’s Employer/Address:

Insured Address if not listed above:

Insured Phone if not listed above:

I will also need a copy, both front and back, of your insurance card.

Medical Billing Northwest, PO Box 448, Canby, OR 97013

503-592-9333 Fax 503-592-9334 brooke@medicalbillingnorthwest.com