



New Client Insurance/Billing Information

General Information:

Name _____ Date _____

Address _____ Home Phone _____

_____ Work Phone _____

SS# _____ Cell Phone _____

Clients Date of Birth _____

May we leave a message on: Work Phone: Yes/No, Home Phone: Yes/No, Cell Phone: Yes/No

Clients Status: (please circle): single married other

Client is: FT Student Y N Employed Y N

Emergency Contact: _____ Phone _____

Relationship _____

Clients Relationship to insured: Self Child Spouse Other

Primary Insurance Information:

Insured's Name: _____ Insured's Date of Birth _____

Relationship to insured :(please circle) Self Child Spouse Other

Insured's ID# _____ Group# _____

Assignment of Benefits

I authorize the release of any medical or other information necessary to process all claims. I also authorize payment of any benefits to Burke an Unger LifeWorks Counseling LLC for services rendered. I understand that I am financially responsible for all services provided including co-payments, deductibles, etc.

Signature: _____ Today's Date: _____

For Office use: Dx _____ Copay _____ Deductible _____
Unger Burke 45-2048023