NORTH EAST
COUNSELING & CONSULTING

401 Penbrooke Drive
Building 2, Suite K
Penfield, New York
(585)-377-6470

PATIENT INFORMATION

Patient Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street Name and Number) (City) (Zip code)

Email Address: _____

Primary Phone: (____) _____ Date of Birth: _____

Marital Status: _____ Sex: ☐ Male ☐ Female ☐ Other

PCP Name: _____ PCP Phone: _____

Emergency Contact: _____ Relationship to you: _____ Phone: _____

INSURANCE INFORMATION

Who is responsible for copays, deductibles, non-covered services and other balances: (please check only one)

☐ Patient ☐ Other

Patient's Relationship to PolicyHolder: ☐ Self ☐ Spouse ☐ Child ☐ Other

Policy Holder's Name (if other than self): _____
(Last) (First) (Middle Initial)

Name of Insurance: _____ Policy ID Number: _____

Phone number on back of card: _____Policy Holder's Date of Birth: _____

If your insurance requires an authorization/referral, have you requested this from your PCP: ☐ YES ☐ NO ☐ N/A

Do you have a second insurance where claims should be submitted?: ☐ YES ☐ NO

If yes, what is the name of the insurance: _____ Policy ID #: _____

Phone number on back of card: _____ Policy Holder's Name: _____ DOB: _____

Their relationship to you: ☐ Spouse ☐ Other: _____

In consideration of the provision of services to the above named patient rendered by North East Counseling & Consulting, I agree to pay any remaining balance due that is not covered by my/patient's insurance carrier(s). I also agree to pay any fees for missed appointments and/or canceled appointments with less than 24 hour notice, as these charges are not billable to my insurance carrier. In addition, I authorize North East Counseling & Consulting to release to parties responsible for payment of my/patient's mental health services, such information that may be necessary for the completion of financial obligation; this includes my billing office. All such transactions will be undertaken under conditions of confidentiality.

_____ _____
(Patient/Guardian Signature) (Date)

revised 2/2022