Elizabeth Orchard, LICSW
11050 5th Avenue NE Suite 205
Seattle, WA 98125
(206) 854-1828

Financial Information Form

- If you have health insurance, it may pay for a part of the cost of your treatment. To find out if this is so, I need the information requested below. I will explain any part of this form that you do not understand.
- If you have no health insurance coverage, or do not intend to use it, please check here ❑, complete sections A and D below, and return this form to me.

A. Client's name: _____ Birthdate: _____Soc. Sec. #: _____

Address: _____Home phone: _____

Parents'/Spouse's Name(s):_____Phone: _____

B. Policy Holder's Name:_____Birthdate:_____

Address (if different from above):_____Phone:_____

Employer: _____Work phone: _____

Name of Insurance Company/Plan: _____

Identification/policy #: _____Group or enrollment #: _____

Provider Phone: _____ CoPay?_____Other information: _____

C. Secondary Policy Holder's Name: _____Birthdate: _____

Address (If different from above):_____ Phone:_____

Employer: _____ Work phone: _____

Name of Insurance Company/Plan: _____

Identification/policy #: _____Group or enrollment #: _____

Provider Phone: _____ CoPay? _____Other information: _____

D. If you do not have insurance, how will you pay for services from this office? _____

E. I give this office permission to release any information obtained during assessments or treatment of this client that is necessary to support any insurance claims on this account and secure timely payments due to the assignee or myself.

F. I understand that I am responsible for all charges, regardless of insurance coverage.

G. Assignment of benefits

I hereby assign medical benefits, including those from government-sponsored programs and other health plans, to be paid to the therapist above. Medicare regulations may apply. A photocopy of this assignment is to be considered as good as the original.

_____ _____

Client's (or parent/guardian's) signature, indicating agreement to all of the statements above

Date

_____

Printed name