

(Please Print)

Client Information Form

Date _____ Home Phone: _____ E-mail Address _____

Name _____ SSN: _____
Last Name First Name Middle Initial

Address: _____

City _____ State _____ Zip Code _____

Sex M F Age _____ Date of Birth _____ Single Married Separated Divorced Widowed

Client Is Employed by _____ Occupation _____

Business Address _____ Business Phone # _____

Whom may we thank for referring you? _____

In Case of emergency who should be notified? _____ Phone # _____

Primary Insurance Information

Person Responsible for Account _____

Relation to Client _____ Last Name _____ First Name _____ Middle Initial _____
Date of Birth _____ SSN# _____

Address (if different from patient's) _____ Phone # _____

City _____ State _____ Zip Code _____

Person Responsible Is Employed by _____ Occupation _____

Business Address _____ Business Phone _____

Insurance Company _____

Member ID # _____ Group # _____ Contract # _____

Names of other dependents covered under this plan _____

Additional Insurance Information

Is patient covered by additional insurance? Yes No

Member's Name _____ Relation to Patient _____ Birthdate _____

Address (if different from patient's) _____ Phone # _____

City _____ State _____ Zip Code _____

Member Is Employed by _____ Business Phone _____

Insurance Company _____ SSN# _____

Member ID # _____ Group # _____ Contact # _____

Names of other dependents covered under this plan _____

Assignment and Release

I, _____ hereby certify that I (or my dependent) have insurance coverage with _____
Name of Insurance Company (ies)

and assign directly to Dr. Mahnaz Sadre with Life Solutions all insurance benefits, if any, otherwise payable to me for services received.

I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party's Signature Relationship to Client Date