

Christy Sorden MA, LPC, NBCC
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Phone: 719-260-6262 Fax: 719-260-0780

PATIENT INFORMATION:

Patient Name _____ Date of Birth _____ Age _____ Sex: Male _____ Female _____
Address _____ City _____ State _____ Zip _____
Social Security # _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed _____
Home: # _____ Cell# _____ *Please put an X next to the phone# if NOT okay to leave message*
Email Address: _____

RESPONSIBLE PARTY INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Employer: _____
Occupation: _____ Work#: _____

SPOUSE/OTHER PARENT: (Please Circle)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Employer: _____
Occupation: _____ Work#: _____

INSURANCE INFORMATION:

PRIMARY INSURANCE:

Type of insurance (please circle) Health Workman's Compensation Auto Date of injury: _____
Name: _____
Claims Address: _____

Phone _____
Insured SS# or ID#: _____
Group or Policy#: _____ Claim# _____

SECONDARY INSURANCE:

Name: _____
Claims Address: _____

Phone _____
Insured SS# or ID#: _____
Group or Policy#: _____ Claim# _____

****Payment is expected at the time of service unless other arrangements have been made. Any balance not paid by the end of the month is subject to a \$15 fee. As a courtesy of this office, your insurance will be billed, in which case you will be responsible for your deductible and co-payment at time of service. It is your responsibility to contact your insurance company to find out what your plan limitations are. In the event that it becomes necessary to assign this account for collection of your past due account, I agree to be responsible for all costs of collection including a 30% of your outstanding balance fee and all legal fees entailed in that process.**

AUTHORIZATIONS:

The above information is warranted to be true. I agree to be responsible for the charges incurred. If insurance is available, I authorize release of information for the purpose of filing claims, and also authorize payment of benefits directly to Christy Sorden, MA, LPC, NBCC.

Signature of Responsible Party

Date Signed