

# SAN TAN COUNSELING

THANK YOU FOR YOUR COOPERATION BY PROVIDING US WITH ACCURATE INFORMATION,  
WE CAN SERVE YOU BETTER AND MORE EFFICIENTLY.

## PATIENT INFORMATION

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ May We Leave a Message?  Yes  No

DOB: \_\_\_\_\_ Age \_\_\_\_\_ Gender:  Male  Female

Marital Status:  Single  Married  Divorced  Separated  Widowed

### Other Household Members:

<u>Relationship</u>	<u>First Name</u>	<u>Last Name</u>	<u>Gender</u>	<u>Birth Date</u>
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

Employment Status: (Check all that apply)  Employed Part-time  Employed Full-time  
 Unemployed  Retired  Part-time Student  Full-time Student

Employer or School: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Can you be located at this number?  Yes  No

Reason(s) you are here \_\_\_\_\_

## IN CASE OF EMERGENCY (Person NOT living with Patient)

Emergency Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## PARTY RESPONSIBLE FOR PAYMENT (Please fill out if reasonable party is other than Patient)

Relationship:  Self  Spouse  Father  Mother  Other \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS#: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**480.982.2356**

288 N. Ironwood Dr., #110 Apache Junction, AZ 85120 ♦ 20185 E. Ocotillo Rd., #105 Queen Creek, AZ 85142  
1424 S. Stapley Dr. Mesa, AZ 85204

**FINANCIAL POLICY**

You are responsible to know your insurance contract for benefits and for all visits in our office. If your insurance requires a SPECIAL CLAIM FORM, we must have it WITHIN 2 WORKING days or the INSURANCE BILLING will be processed and sent without it. Insurance is usually not designed to pay the entire fee. Because insurance companies vary in the amount they will pay for various services, it is ultimately your responsibility to pay that portion of the bill not paid by your insurance company (unless otherwise restricted by law or agreement we might have with your insurer).

Patients without insurance will be on a cash pay basis.

ALL CO-PAY AND CASH VISITS ARE TO BE PAID AT TIME OF VISIT.

If you must cancel your appointment, please give us 24-hour notice. Failure to give us advanced notice will result in a **charge of \$ 65.00**, except in emergency situations (if this happens, please discuss it with your therapist as soon as possible).

All the billing and monthly statements are submitted by ConsulMED. If your insurance company rejects your claim, policy requires you to pay the balance in full upon receipt of your statement. If you cannot pay in full, contact our business office.

RETURNED CHECKS: A \$15.00 handling charge is applied to all returned checks.

\_\_\_\_\_ **I have received the San Tan Counseling’s HIPAA Agreement**  
Initials

**I have read and agree with the Financial Policy of this office.**

\_\_\_\_\_  
Patient/Guardian Signature (if patient is under 18 yrs of age) Date