

INSURANCE INTAKE/LETTER OF ASSIGNMENT

Patient Name: _____

Responsible Party (if not the patient, statement will be sent to)

Relationship to patient: Spouse Parent Guardian Other _____

Name _____

Contact Number _____ OK to leave a message? Yes No

Address _____
City State Zip

Primary Insurance

Subscriber Name: _____ Date of Birth: _____

Insurance Name: _____ Employer: _____

Identification Number: _____ Group Number: _____

Secondary Insurance

Subscriber Name: _____ Date of Birth: _____

Insurance Name: _____ Employer: _____

Identification Number: _____ Group Number: _____

I hereby accept financial responsibility of all fees at the time of visit, unless other financial agreements have been made. I hereby authorize Health Psychology Solutions, PLLC to furnish my insurance company all information, which said insurance company may request, concerning my present illness. I assign to Health Psychology Solutions PLLC the insurance to be credited towards the total fee of services due on my account.

Patient/Parent/Guardian Signature

Date