Great Northern Counseling
NEW CLIENT MEDICAL AND FINANCIAL INFORMATION FORM

814 South Otsego Avenue, Ste. E, Gaylord, Michigan, 49735-2708
Telephone (989) 930-4610 Fax: (989) 930-4682

I truly appreciate your choosing Great Northern Counseling and me for psychological help.

- **If you have health insurance, it may pay for a part of the cost of your treatment here. To find out if this is so, my staff and I need the information requested below. We 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 _____ and complete sections A, B, C, E, F, G below, and return this form to me.**

A. Patients Name: _____ DOB: _____

If Patient is a Minor Name of Parent, Guardian, and Legal Representative: _____

_____

Address: _____City:_____ State: _____ Zip: _____

Social Security #: _____ Age: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Status: Single ____ Married ____ Divorced ____ Widowed ____ PT/FT Student _____

Children's/Siblings Names	Living With You? Y/N	Ages
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Patient Medical Information:

Family Physician: _____ Phone #: _____

Were you referred by your physician? Yes ____ No ____

Great Northern Counseling
NEW CLIENT MEDICAL AND FINANCIAL INFORMATION FORM
814 South Otsego Avenue, Ste. E, Gaylord, Michigan, 49735-2708
Telephone (989) 930-4610 Fax: (989) 930-4682

Statement of Concern (reason for seeking treatment): _____

_____

_____

Medical Conditions: _____

_____

_____

Medications	**Dosage**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

C. Financial Information:

Client: Employed ____ Unemployed ____ FT Student _____ PT Student _____

Employer (required if patient is self or a dependent) _____

Address of Employer: _____

Occupation: _____ Work Phone #: _____

Spouse's Name (if applicable: _____DOB: _____

Social Security #: _____ Age: _____ Phone #: _____

Great Northern Counseling
NEW CLIENT MEDICAL AND FINANCIAL INFORMATION FORM
814 South Otsego Avenue, Ste. E, Gaylord, Michigan, 49735-2708
Telephone (989) 930-4610 Fax: (989) 930-4682

Employment: Employed ____ Unemployed ____ FT Student _____ PT Student _____

Employer: _____Address: _____

Occupation: _____ Work Phone #: _____

D. If you (or your spouse) have insurance please provide the following insurance information:

Primary Insurance Carrier: _____

Insured: _____ Gender (check): M ____ F _____

Relationship: _____ DOB: _____

Policy #: _____ Employer: _____

Deductible: _____ Co-Pay:_____

Secondary Insurance Carrier: _____

Insured: _____ Gender (check): M ____ F _____

Relationship: _____ DOB: _____

Policy #: _____ Employer: _____

Deductible: _____ Co-Pay: _____

E. Preferred method for contacting patient or their designated contact:

Voice messages (check one): YES: _____NO: ____ Phone #: _____

Text Messaging (check one): YES _____ NO _____ Phone #: _____

Email Messaging (check one): Yes _____NO ____ Email Address: _____

Designated Contact Name: _____ Relationship: _____

Great Northern Counseling
NEW CLIENT MEDICAL AND FINANCIAL INFORMATION FORM
814 South Otsego Avenue, Ste. E, Gaylord, Michigan, 49735-2708
Telephone (989) 930-4610 Fax: (989) 930-4682

F. Payment Information

***Co-pays are due and must be paid in full at time of service by cash, check, or credit card.**

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

_____

_____

***The person financially responsible for the counseling services rendered to this client:**

Myself: _____ Other: _____

Name of Financially Responsible Party: _____

Relationship of Financially Responsible Party to Client: _____

Address: _____ City: _____ State: _____

Social Security #: _____ DOB: _____

***Method of Payment for Counseling Services:**

Insurance: _____ (complete section D) Cash: _____ Check: _____ Credit Card: _____

I understand and I agree that I am ultimately responsible for the balance on my account for any professional services rendered. I understand and I agree to the financial and cancellation policies printed in the New Client Information Packet.

_____ _____
Print Name of Financially Responsible Party Listed Above Date

_____ _____
Signature of Financially Responsible Party Listed Above Date

Great Northern Counseling
NEW CLIENT MEDICAL AND FINANCIAL INFORMATION FORM
814 South Otsego Avenue, Ste. E, Gaylord, Michigan, 49735-2708
Telephone (989) 930-4610 Fax: (989) 930-4682

G. Release and Assignment of Benefits

I give this office permission to release any information obtained during examinations or treatment of this patient that is necessary to support any insurance claims on this account and secure timely payments due to assignee or myself. I assign and request payment directly to Jeffrey Katke dba Great Northern Counseling. I understand and agree that I am ultimately responsible for the balance on my account.

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

_____ _____

Print Name of Client/Parent/Guardian **Date**

_____ _____

Signature of Client/Parent/Guardian **Date**