LEGACY

MENTAL HEALTH CENTER

Date: ___/___/___

Provider: _____

Patient Information:

Patient Name (Print) _____ Date of Birth: ____/___/____

Street Address _____ Soc Sec #: _____/____/____

City_____ State_____ ZIP_____

Home Number: _____ Okay to leave a message? ____Yes ____No

Cell Number: _____ Okay to leave a message? ____Yes ____No

Work Number: _____ Okay to leave a message? ____Yes ____No

Sex: __ M __ F Age: ___ Emergency Contact: _____ Emergency Phone: _____

Marital Status: ____ Single ____ Partnered ____ Married ____ Widowed ____Separated ____ Divorced

Employer: _____ Occupation: _____

E-Mail address: _____ Okay to send email message? ___Yes ___No

Primary Insurance Company:

Name: _____ Phone: _____

Ins Claims Address: _____City: _____ State: _____ ZIP: _____

Policy/ID: _____ Group/Plan ID:_____

Name of Policy Holder: _____ Relationship: _____

Address: _____ City: _____ State: _____ ZIP: _____

Soc. Sec. #: ___-___-____ Employer: _____ Policyholder's Date of Birth: ___/___/___

Secondary Insurance Company:

Name: _____ Phone: _____

Ins Claims Address: _____ City: _____ State: _____ ZIP: _____

Policy/ID: _____Group/Plan ID: _____

Name of Policy Holder: _____ Relationship: _____

Address: _____ City: _____ State: _____ ZIP: _____

Soc. Sec. #: ___-___-____ Employer: _____ Policyholder's Date of Birth: ___/___/___

Responsible Party:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Assignment and Release:

I, the undersigned, certify that I (or my dependent) have insurance coverage as noted above and assign directly to Legacy Mental Health Center (LMHC) all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize LMHC to release all necessary information to A.C.E. Billing, Inc. to secure the payment of benefits and to mail patient statements. I authorize the use of this signature on all insurance submissions.

_____ _____ _____

Responsible Party Signature Relationship Date