

**INSURANCE INTAKE FORM**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Policyholder (if different): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance Carrier Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy or ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**\*Before your first appointment, please call your insurance company to verify the following:**

Has annual deductible been met? (circle one) Yes No

Per session copay amount: \$ \_\_\_\_\_

Coinsurance rate: \_\_\_\_\_%

**\*If annual deductible has not yet been met, you are responsible for payment until your benefit is active.**

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List any psychological symptoms you are currently experiencing:

List any additional psychological symptoms you have experienced at any time in the past two years:

List any psychoactive medications (e.g., anti-depressants, anti-anxiety, mood stabilizers, etc.) you are currently taking:

List any additional psychoactive medications you have ever taken:

Have you ever been diagnosed with a mental health issue? (circle one) Yes No

If yes, list all mental health diagnoses and approximate date:

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**With regard to my financial responsibility as outlined above, my initials represent my understanding that:**

\_\_\_\_\_ All payments are due at the time of service (including cash fees and insurance co-pays).

\_\_\_\_\_ If applicable, I am responsible for paying my deductible and any amount not covered by insurance.

\_\_\_\_\_ I am responsible to pay appointment fee of \$125.00 for missed appointments or cancellations with less than 24-hours' notice; this fee cannot be billed to insurance.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Required backup payment if using insurance:**

By signing the line below, you authorize your credit card information to be securely stored by Parke Burgess, LMHC, until your file is closed. You also authorize Parke Burgess, LMHC, to charge your credit card for any outstanding bills. Charges are typically made for items such as no show/late cancellation fees and deductible payments. You will be provided with a statement and notified of charges.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name as it appears on your credit card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Verification Code: \_\_\_\_\_