

Creative Solutions Counseling
9800 Hillwood Parkway, Suite 140
Fort Worth, TX 76177

INSURANCE INFORMATION

Patient Information

First Name _____ Middle ____ Last Name _____

Birth Date _____ Age ____ Sex _____ SS# _____

Home Phone _____ Work Phone _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Can you be contacted and a message left at your _____

Employer _____

Employer Address _____

Individual Responsible for Payment

First Name _____ Middle ____ Last Name _____

Birth Date _____ Age ____ Sex _____ SS# _____

Home Phone _____ Work Phone _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Can you be contacted and a message left at your _____

Employer _____

Employer Address _____

Primary Insurance

Name of Insurance Company _____

Policy ID # _____

Group # _____

Street Address _____

City _____ State _____ Zip _____

Name of Policy Holder _____

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Date of Birth _____ Relationship to Insured _____
Employer _____
Employer Address _____

Assignment of Benefits

I understand that I am responsible for payment in full of all charges. I authorize payment of benefits from my insurance to be paid directly to Mariah Snapp, LCSW or Creative Solutions Counseling.

We must have your cooperation in obtaining necessary information. In the event that payments are not received in a timely manner or there is a collection problem you will be responsible for the insurance portion of your fees. It is your responsibility to notify our office of any changes in insurance coverage, as well as forward any insurance notices to our office.

I understand that there is a 24-hour cancellation policy, which requires that I cancel my appointment in advance to avoid the full charge of the session.

Person Responsible for Payment

Date