Stephanie Moberg, MA, LMFT
206.351.2291
www.stephaniemcounseling.com

PATIENT REGISTRATION Date:_____

Patient Name:_____ M / F DOB:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Home:_____ Cell:_____ Work:_____

❑ Check if it is okay to leave a message via voice mail or with someone else answering the call.

Social Security #:_____ Employer:_____

Please Check One: ❑ Married ❑ Single ❑ Divorced ❑ Legally Separated ❑Other:_____

Email:_____

❑ Check if it is okay to correspond with you via electronic mail.

Name of Spouse:_____ DOB:_____

Referred By:_____ Phone:_____

Primary Care Provider:_____ Phone:_____

Emergency Contact/Relationship:_____ Phone:_____

INSURANCE INFORMATION

Insurance:_____ ID Number:_____

Policy Holder:_____ DOB:_____ Group #:_____

Employer:_____ Phone:_____

Financially Responsible Person Name:_____

Address:_____

Phone:_____ SS#:_____ DOB:_____

Secondary Insurance:_____ Policy Number:_____

Policy Holder:_____ DOB:_____ Group #:_____

(next page)

ASSIGNMENT OF BENEFITS

I HEREBY AUTHORIZE directly to Stephanie Moberg benefits otherwise payable to me for Psychotherapy Services and medical visits serviced by Stephanie Moberg but not to exceed the regular charges for therapy and medical benefits.

I HEREBY AGREE that Stephanie Moberg may be in receipt of any such payment and that its receipt shall be a conclusive acknowledgement by me that I have received benefits from the insurance company in the sum specified in such receipt and agree that such payment shall discharge the said insurance company of any and all obligations under the policy to the extent of such payment. I understand that I am responsible for any and all charges not covered by insurance.

_____ _____

Patient Signature/Guarantor Signature (if patient is under 18) Date

RELEASE OF INFORMATION

I HEREBY AUTHORIZE Stephanie Moberg to exchange information necessary for the coordination of care and services with my referring provider or therapist.

_____ _____

Patient Signature/Guarantor Signature (if patient is under 13) Date