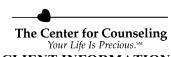
## WELCOME



## **CLIENT INFORMATION**

Client:			Date
Last	First		Married Widow Separated Divorced
SS#	Address		
Preferred Language		City Special Com	*
PHONE NUMBERS		1	
Home		Cellular	
What is your preferred method	of contact?	Home $\square$	Cellular
May we send CFC information	ı to your email?	YN e mail ad	ldress
If Minor: Parents name:			
Whom may we contact in the	case of an emerg	gency? Name _	
Relationship	Phone	Alt	ernate #
INSURANCE INFORMATI			
Who is responsible for this acc	count?		
			SS#
Insurance Co	Contract #		Group#
Is client covered by additional			
Subscriber Name		Pho:	ne
			SS#
Insurance Co	Contract #		Group#
I have reviewed and signed the in treatment.  ASSIGNMENT AND RELE.	Ç	reatment form a	und voluntarily consent to participate
benefits, if any, otherwise payaresponsible for all charges who verify if The Center for Couns it is my responsibility to pay a by my insurance company or payare Counseling is out-of-network, company does not pay within Counseling will provide receip payment in full is not received outstanding balance, computed	and assign directable to me for so ether or not paid eling is in network the full client pay the full client mediately if my I am responsible 120 days I am rests so that I may within thirty (30 at the rate of osseling to release	etly to The Centervices rendered by insurance a ork with my insurance channels for all charge esponsible for a contact my insurance channels for all charge esponsible for a contact my insurance and a half (1 e all information	ter for Counseling all insurance d. I understand that I am financially and that it is my responsibility to surance company I also understand rance, or any other balances not paid no insurance coverage and to notify ages. Also, if The Center for s. In the event that my insurance all charges and The Center for surance company. In the event that we charge will be added to the 1.5%) percent per month. I hereby in necessary to secure the payment of
Client/Guardian Signature		Relationship	Date