

Debbie Ennis^{LICSW}

P.O. Box 53, Barre, MA 01005
978-257-8062

Client Information Sheet

Today's Date

Name Birth Date Age

Street Address Town Zip Code

Email Address

Home Phone # Cell Phone #

Marital Status: Single Married Widowed Divorced Separated Child Partnered

Insurance Information: Medicare clients check here Medicare #

Name of Insurance Company

Subscriber's Name Subscriber's Phone #

Subscriber's Address Town Zip Code

Subscriber's DOB Relationship to Client: self Spouse Parent other

Co-pay amount: Do you have a deductible? yes no

Subscriber ID #

I hereby authorize Debbie Ennis, LICSW to bill the insurance company named above and to receive payment directly for services I receive. I also authorize the release of private health information necessary to justify claims to the above company.

The insurance information furnished here represents a full disclosure of the insurance/third party benefits to which I am entitled. I understand that failure to disclose recertification/second opinion requirements for any and all plans to which I subscribe may cause me to incur full responsibility for professional charges as a result of non-payment by any carrier.

I understand that I am responsible for payment of services not covered by my medical insurance and to pay my co-pay at time of service. I further understand that failure to pay for services, not covered by my insurance carrier, could result in the termination of these services.

Client Signature Date