

Kuadra Consulting Service, LLC
Licensed Professional Counselor Provider
4100 East Piedras Drive, Suite 262, San Antonio Texas 78228
Telephone (210) 314-7687 : Cell: (210) 373-1701 : Fax (210) 314-7494

INSURANCE AND BILLING INFORMATION

DATE _____ REFERRED BY: _____

CLIENT NAME: _____ DATE OF BIRTH: _____
Last First M.I.

ADDRESS: _____ SEX: M () F ()
Street and #

_____ Town/City State Zip

PHONE: CELL HOME WORK

(With your consent, please check the box next to the number I may leave a voice mail message on)

EMAIL: _____

SOCIAL SECURITY # _____ PRIMARY CARE PHYSICIAN _____

CLIENT RELATIONSHIP TO SUBSCRIBER : () SAME () SPOUSE () CHILD () EX-SPOUSE () OTHER

SUBSCRIBER'S NAME: _____

SUBSCRIBER'S SOCIAL SECURITY # _____ DOB _____

ADDRESS: _____

PHONE: HOME _____ WORK _____

SUBSCRIBER'S EMPLOYER _____

INSURANCE/HMO/PPO NAME _____ ID# _____

CLAIMS ADDRESS _____

PHONE #: 1-800 _____ OR _____

BENEFITS DESCRIPTION (DEDUCTIBLE, COPAYMENTS, MAXIMUM, ETC) _____

OTHER HEALTH INSURANCE? () YES () NO - PLAN NAME & ID# _____

EMERGENCY CONTACT _____ PHONE _____

PERSON RESPONSIBLE FOR BILL _____ PHONE _____

ADDRESS _____

I release to KUADRA consulting Service, LLC the above confidential information and authorization to use this information for billing and insurance claims as well as notification to other providers, when indicated. I will pay Kuadra Consulting Service LLC any charges not covered by insurance. I understand I will be charged for missed appointments when not canceled within 24 hours in advance unless otherwise agreed upon.

SIGNATURE _____ **DATE** _____