

# A Window to Wellness, LLC

## NEW CLIENT AUTHORIZATION TO RELEASE INFORMATION ASSIGNMENT OF BENEFITS

LEGAL NAME OF CLIENT \_\_\_\_\_ GENDER BY BIRTH \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ GENDER PREFERRED \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PARENT / GUARDIAN (if client is minor) \_\_\_\_\_ RELATIONSHIP TO CLIENT \_\_\_\_\_

PRIMARY # \_\_\_\_\_ ☐ HOME ☐ CELL ☐ WORK Is it okay to leave messages at this number? ☐ Yes ☐ No

ALTERNATE #: \_\_\_\_\_ ☐ HOME ☐ CELL ☐ WORK Is it okay to leave messages at this number? ☐ Yes ☐ No

EMAIL ADDRESS: \_\_\_\_\_

PLEASE CIRCLE ONE:      MARRIED      SINGLE      STUDENT      OTHER

EAP CARRIER (if applicable) \_\_\_\_\_

EAP/AUTHORIZATION # \_\_\_\_\_

PRIMARY INSURANCE \_\_\_\_\_

NAME OF POLICY HOLDER (if not self) \_\_\_\_\_

POLICY HOLDER'S DATE OF BIRTH \_\_\_\_\_ RELATIONSHIP TO CLIENT \_\_\_\_\_

ADDRESS OF POLICY HOLDER (if different than above) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

POLICY # \_\_\_\_\_ Group #: \_\_\_\_\_

SECONDARY INSURANCE \_\_\_\_\_

NAME OF POLICY HOLDER (if not self) \_\_\_\_\_

POLICY HOLDER'S DATE OF BIRTH \_\_\_\_\_ RELATIONSHIP TO CLIENT \_\_\_\_\_

ADDRESS OF POLICY HOLDER (if different than above) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

POLICY # \_\_\_\_\_ Group #: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

PRIMARY PHYSICIAN & PHONE # \_\_\_\_\_

REFERRED BY \_\_\_\_\_

### PLEASE READ & INITIAL EACH OF THE BOXES BELOW:

- ☐ I authorize A Window to Wellness, LLC to submit visits to my insurance provider, when applicable.
- ☐ I authorize A Window to Wellness, LLC to release any medical or other necessary information to process claims to my insurance provider.
- ☐ I acknowledge payments of any insurance benefits due on my behalf are made to A Window to Wellness, LLC, and accept responsibility for all co-pays, co-insurance, and deductibles as directed by my insurance carrier.
- ☐ I acknowledge that I am signing this consent in the absence of coercion, duress, or deceit.

Client Signature or Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_