FAIR COUNSELING

Session fees and copay are due at the beginning of each appointment.
Payment can be made by cash, check or credit card.
Checks should be made payable to FAIR.

Initial Registration

This form is required for your file. The information is needed for claims and/or auditing purposes. Please fill in all areas. "Client" & "Patient" refer to person seeking services. "Member" refers to the person who carries the insurance policy.

Client Name _____
First Name Middle Initial Last Name

Client Address _____
Street City State Zip

Client Phone Number: _____ Does this phone accept text messages? Yes ☐ No ☐

Client Email: _____

Insurance Information* (*Insurance Declaration Page MUST be on file for consideration.)

Member's Name _____ Member's Employer _____

Insurance Carrier _____ Group # _____

Member ID # _____ Member's Date of Birth _____

Patient ID # _____ Patient's Date of Birth _____

Patient relationship to member: Self ☐ Child ☐ Spouse ☐

Refer to your insurance card for the following phone numbers: Member Services _____

Behavioral/Mental Health _____ Provider Hotline _____

Do you have a secondary insurance policy? Yes ☐ No ☐

If yes, provide Insurance Carrier, Member ID, and Group ID _____

*Providing this information does not guarantee insurance payment. Client assumes full responsibility for services.

Patient's Gender _____ Religious Preference (if you want us to know): _____

Patient's Marital Status: Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐

Today's Date _____ Date of first scheduled appointment _____

Whom can we thank for your referral to FAIR Counseling? Personal Reference ☐ Insurance Company Reference ☐

Personal or Insurance company referral _____

Emergency Contact (Name, Phone, & Relationship): _____

My counselor's name is _____