Hollywood Psychology Center

3475 Sheridan Street, Suite 309, Hollywood, FL 33021 | 954-981-8200 *tel* 954-381-5979 *fax*

Financial and Insurance Information

Today's Date

Patient Information

Name | DOB | Gender

Address

Marital status | Social Security #

Phone # - home | cell | business

Employer | Occupation

Address

Physician's name | Phone #

Financially Responsible Person

☐ check if same as above

Name | Social Security #

Address

Phone # - home | cell | business

Employer | Occupation

Address

Referred by

Name | Relationship | Phone #

Address

Insurance Company Information

☐ Insurance ☐ EAP ☐ Self pay ☐ Other:

Company Name: | Group#

Address | Phone #

Insured's Name | Policy#

Supplimental Insurance Comany Information

Company Name: | Group#

Address | Phone #

Insured's Name | Policy#

Please note: All professional services rendered are charged to the patient. The patient is responsible for all fees, regardless of insurance coverage. I understand that I am financially responsible for payment for services rendered to the above named patient. If I do not pay within 90 days, I understand my account will be remitted to collections and a collections fee will be added.

Signature of financially responsible person | Date