

Hollywood Psychology Center

3595 Sheridan St., Suite 103, Hollywood, FL 33021
Tel: 954-981-8200 Fax: 954-237-4558
www.hollywoodpsychologycenter.com

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 #

■ Supplemental Insurance Company 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. We would appreciate receiving payment for services at the time they are rendered. If your insurance company covers psychological services we will be happy to submit the claim for you if you like. I understand that I am financially responsible for payment for services rendered to the above named patient.

■ Signature of financially responsible person _____ Date _____