

San Gabriel Independent Therapists

Phone (512) 864-0977 Fax (512) 864-0930

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www.SanGabrielTherapists.com email: info@SanGabrielTherapists.com

Client's Name: _____ Date: _____

DOB: _____ Age: _____ Sex: _____ Marital Status: _____

Client Status: _____ Employed _____ F/T Student _____ P/T Student _____ Work at Home

Employer: _____ Job Title: _____

Client Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Is it okay to leave messages? _____ email _____ home _____ cell _____ text

May we text, email, or leave phone messages regarding appointment reminders? _____

In Case of Emergency Notify: _____

Phone: _____ Relationship: _____

Immediate Family System (Children / Siblings / Parent / Spouse / Significant Other) and ages:

** If you would like to file with your insurance, **You Must complete the following, or you will be responsible for your visits.** Be sure that a copy of your current insurance card has been attached to your file.

Did you purchase your health coverage through an employer or through the retail marketplace at healthcare.gov as part of the affordable care act? _____ Employer _____ Retail Marketplace

Have you called your insurance company to verify that the counselor you have chosen is covered by your plan, verify your benefits and request authorization if authorization is needed? _____

Authorization Number: _____ **# Sessions:** _____

Did you ask what your co-pay is? _____ Co-pay Amount: _____

Insurance Company or EAP Name: _____

Insurance or EAP Phone #: _____

Insurance Mailing Address: _____

ID # if different from social: _____ Group Number if any: _____

Primary Insured Name _____ Relation to client: _____

Primary Soc. Sec: _____ Primary Insured DOB: _____

Primary Insured's Employer: _____

Primary Insurance Holder if different from client: Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Is there a secondary health insurance policy? Y / N This office does not file for secondary coverage. Please talk with your therapists if you require additional information or to discuss secondary coverage with them.