Ellen Dudley MA, LPC, CRC
Licensed Professional Counselor
2018 Eastwood Rd. Suite 316, Wilmington, NC 28403
Phone: (910) 344-0480 · Fax: (910) 344-0301

INSURANCE AND BILLING INFORMATION

DATE _____ REFERRED BY: _____

CLIENT NAME:_____ DATE OF BIRTH: _____
Last First M.I.

ADDRESS:_____ SEX: M ( ) F ( )
Street and #

_____
Town/City State Zip

PHONE: CELL_____ ☐ HOME_____ ☐ WORK_____ ☐

(With your consent, please check the box next to the number I may leave a voice mail message on)

EMAIL:_____

SOCIAL SECURITY #_____PRIMARY CARE PHYSICIAN_____

CLIENT RELATIONSHIP TO SUBSCRIBER :( ) SAME ( ) SPOUSE ( ) CHILD ( ) EX-SPOUSE ( ) OTHER

SUBSCRIBER'S NAME: _____

SUBSCRIBER'S SOCIAL SECURITY #_____ DOB_____

ADDRESS: _____

PHONE: HOME_____WORK_____

SUBSCRIBER'S EMPLOYER _____

INSURANCE/HMO/PPO NAME_____ID# _____

CLAIMS ADDRESS _____

PHONE #: 1-800 _____OR_____

BENEFITS DESCRIPTION (DEDUCTIBLE, COPAYMENTS, MAXIMUM, ETC) _____

_____

OTHER HEALTH INSURANCE? ( ) YES ( ) NO - PLAN NAME & ID# _____

EMERGENCY CONTACT_____ PHONE _____

PERSON RESPONSIBLE FOR BILL_____ PHONE _____

ADDRESS _____

I release to Ellen Dudley MA, LPC, CRC the above confidential information and authorization to use this information for billing and insurance claims as well as notification to other providers, when indicated. I will pay Ellen Dudley MA, LPC, CRC any charges not covered by insurance. I understand I will be charged for missed appointments when not canceled within 24 hours in advance unless otherwise agreed upon.

SIGNATURE_____ **DATE**_____