Ella Spice, LCPC, NCC
754 Hickory Ave. Suite D
Bel Air, MD 21014
443-417-4855

CLIENT INFORMATION FORM

Patient Name (Last-First-Middle)_____
Date of Birth_____Age_____Sex_____Social Security No. _____
Single_____Married_____Separated_____Divorced_____Widowed _____
Responsible Party if Minor_____Spouse if Married_____
Home Address - Street _____
City_____State_____Zip_____
Home Phone_____Work Phone_____Cell Phone _____
Cell Phone Carrier_____Permission to leave a message Yes____No __
Email Address_____Referred by _____
Employer Address _____
Family Doctor_____Address _____ Emergency
Contact Name_____Phone _____
Preferred method of appointment reminders: Phone_____Text___Email_____

I consent to the treatment of (Minor's Name) _

Parent/Guardian Signature _____

INSURANCE INFORMATION

Primary Insurance Company Name _____
Please Circle HMO PPO Other
Policy ID Number_____Group Number _____
Phone_____Address _____
Name of Insured_____Insured D.O.B._____
Insured Social Security No._____Relationship to Patient_____
Did you obtain preauthorization? _____
Deductible Amount $_____Copay $ _____

Secondary Insurance ____
_____ Policy ID Number_____
_____Group Number _____
Phone_____Address _____
Name of Insured_____Insured D.O.B._____
Insured Social Security No._____Relationship of Insured to Patient _____

*I understand and agree that regardless of our insurance status, I am ultimately responsible for payment of any professional services rendered and for any outstanding account balances. I certify the above information is correct to the best of my knowledge. I will notify you of any changes in insurance status. I further understand that any copay or coinsurance amount is due at the time of visit. If you do not have insurance payment is expected at time service is rendered.

Ella Spice, LCPC, NCC is authorized to release any pertinent information to my insurance company as required to obtain payment for services provided.

I hereby authorize payment of any medical benefits to Ella Spice, LCPC, NCC by the above identified insurance company for services rendered.

_____ _____
Signature Date