Jennifer Szolnoki, MSW, LCSW

WA State Department of Health, Social Worker Independent Clinical License: #LW 60242478 Licensed Clinical Social Worker
PO Box 52, Underwood, WA 98651 **Telephone: 509.281.1008** www.tworiverscoaching.com

Client Registration/Insurance Information and Authorization

Today's date _____ How did you hear about me? _____

Name _____ Date of birth _____ Age _____

Address _____

City _____State _____ Zip _____

Home phone_____ Work phone _____

Cell number _____ Email _____

For confidential messages (email, addr, phone) _____

Spouse or partner _____ Phone _____

Emergency contact _____ Phone _____

Employer _____

Bill My Insurance

I am happy to bill your insurance for your therapy. Insurance may or may not pay part or all of the cost of your therapy. You are responsible for what your insurance does not cover, including any annual deductible, co-payment, missed appointments, or services not covered under your policy.

1. Client, (you):	I.D. # on card:
2. Insured's name (if not you):	Insured's I.D.#:
3. Relationship to insured	Group/Account number:
4. Insured's Date of birth:	Client's Date of birth:
5. Insured's Employer:	
6. Insurance Phone Number	

I authorize the exchange of any medical or other information necessary to process this claim or determine eligibility, including number of available sessions. I also request payment of benefits to Jennifer Szolnoki, MSW, LICSW.

Client Signature:_____ Date:_____

Do NOT Bill My Insurance

I have insurance and DO NOT want you to bill my insurance company. I will pay privately for my therapy at the agreed upon rate.

Client Signature:_____ Date:_____