

Mauí Christian Counseling



2200 Main Street #519, Wailuku, HI 96793

(808) 205-4489

Client Information Form

Client Information:

Your name: (Last) _____ (First) _____ (Middle) _____

Date of birth: _____ Age: _____ Marital Status: _____

Your nicknames or aliases: _____ Social Security #: _____

Home address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home phone: () _____ Work: () _____ Mobile: () _____

Email: _____ May we send you appointment reminders? Yes, No

Occupation _____ Employer _____

Insurance:

Person Responsible for payment: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Primary Insurance: () HMSA, () HMAA, () UHA, () Kaiser Added Choice, () Self Pay

Policy #/ ID #: _____ Group # _____

Subscriber name: _____ (Birth date) _____

Relationship to Subscriber () Self, () Spouse, () Child, () Other

Emergency Contact:

Name: _____ Relationship: _____

Phone: (home) _____ (Mobil) _____

AUTHORIZATION TO RELEASE INFORMATION * ASSIGNMENT OF INSURANCE BENEFITS * AGREEMENT / CONTRACT

I HEREBY AUTHORIZE MAUI CHRISTIAN COUNSELING TO RELEASE TO MY INSURANCE COMPANY ANY INFORMATION ACQUIRED IN THE COURSE OF MY EXAMINATION OR TREATMENT (IF PATIENT IS A MINOR, PARENT OR GUARDIAN MUST SIGN).

I HEREBY AGREE TO FULL RESPONSIBILITY FOR ALL EXPENSES INCURRED BY ME OR ON BEHALF OF THE ABOVE NAMED PATIENT AND HEREBY ASSIGN TO MAUI CHRISTIAN COUNSELING ANY AND ALL INSURANCE BENEFITS DUE ME TO FULL EXTENT OF MY FINANCIAL OBLIGATION. TO THE TREATING CLINICIAN OR PROVIDER.

I UNDERSTAND MY INSURANCE COVERAGE IS A RELATIONSHIP BETWEEN MYSELF AND MY INSURANCE COMPANY. I AGREE TO ACCEPT FINANCIAL RESPONSIBILITY FOR PAYMENT FOR CHARGES INCURRED. I UNDERSTAND THAT A REBILLING FEE COMPLYING WITH HAWAII STATE LAW WILL BE APPLIED TO ANY OVERDUE BALANCE AND IN THE EVENT OF NON-PAYMENT, I WILL BEAR THE COST OF COLLECTION AND/OR COURT COSTS AND REASONABLE LEGAL FEES SHOULD THIS BE REQUIRED.

SIGNED: _____ DATE: _____