Nicole V Zellner, LLC, 930 E Knapp Street, Milwaukee, WI 53202

Adult Information Form

Client Information

Name____Gender___________

Nick Name___________________SSN__________________Date of Birth____________

Address____

Phone_________________________________ Email___________________________

Is it OK to leave a voicemail? YES NO

Employer____________________________________ Referred by________________________

Emergency Contact________________________Phone Number _____________________

Payment ☐ Insurance ☐ Self Pay

Primary Insured

☐ Check if same as Primary Client Information listed above (skip to Primary Insurance Information)

Name____Gender__________

Nick Name_____________________ Client ID_______________Date of Birth____________

Address____

Phone________________________ Cell Phone_____________ Email_________________

Primary Insurance Information

Carrier__________________________________Group Number______________________

Phone Number_____________________________Policy Number_____________________

Address____

Copay/Co-Insurance per session_____________ Deductible_____________ Effective Date______

Secondary Insurance Information

Carrier__________________________________Group Number______________________

Phone Number_____________________________Policy Number_____________________

Address____

Copay/Co-Insurance per session_____________ Deductible_____________ Effective Date______

ASSIGNMENT OF BENEFITS: Since my health insurance may cover the cost of service, I hereby authorize Nicole V Zellner, LLC, to release to my insurance company and/or associated professionals only pertinent billing/diagnostic information from my medical records which may be necessary to determine benefits payable under my policy. This information may be transmitted electronically. I authorize payment directly to Nicole V Zellner, LLC for services rendered. **I guarantee payment of any and all charges incurred for services rendered which are not covered by this assignment or by insurance benefits.**

Client Signature____Date_____________