

Responsive Centers for Psychology & Learning

7501 College Blvd Suite 250, Overland Park, KS 66210

Telephone: (913) 451-8550 Fax: (913) 469-5266

Client Update Sheet - Adult

Today's Date: _____

Client's Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

Emergency Contact

Name: _____ Phone: _____

Please supply us with updated insurance information

Primary Insurance Company: _____

Primary Insurance ID #: _____ Group # _____

Secondary Insurance Company: _____

Secondary Insurance ID #: _____ Group # _____

If you are using an EAP, Please indicate with an authorization # _____

We can not file insurance without the proper insurance information.

We will not back bill claims if you do not supply the correct information.

Initials: _____ Date: _____

If you need to cancel an appointment, please give 24 hrs notice or you may be charged a late cancel fee. This fee is also assessed if you do not show for a scheduled appointment.

These charges can not be billed to insurance.

Initials: _____ Date: _____

Reminder emails or text are a courtesy.

Please do not rely on these to remember your appointment.

Initials: _____ Date: _____

(Check One) Reminder Emails: _____ Text: _____

What phone or email would you like reminders on: _____

Financial Policy

Copays and past due balances are due at the time that services are rendered. For patients who are not using insurance, or are using an insurance plan with which their clinician is not contracted, payment is due at the time of service.

If your insurance company requires prior authorization and you have not obtained it, the cost of that visit will be your responsibility. It is your responsibility to contact your insurance company to determine your outpatient mental health benefits. If your insurance changes during your treatment, it is your responsibility to provide that information to our office, at the time of check in, along with any authorizations information required by your new plan.

EAP visits may be offered by your insurance. You must contact your insurance to get this authorization. You must supply the authorization number and any information your insurance company gives you, prior to your scheduled appointment for us to be able file those claims. Otherwise, you may be responsible for paying for your visits.

Our office considers whomever signs the paperwork at the initial visit the responsible party.

I have read and understand the above statement

Initials: _____ Date: _____

I am a private pay client. I will be responsible for payment in full at time of service.

Initials: _____ Date: _____

I authorize payment of Insurance benefits to Responsive Centers for Psychology and Learning

I further authorize the release to my insurance company of any medical or other information necessary to process my insurance claims. I understand that I am responsible for all balances not paid by my insurance company, including, but not limited to, deductibles, coinsurance, and copays.

Initials: _____ Date: _____

I have read and understand that all of the above information has been updated to the best of my knowledge.

Print Name

Signature

Date