

REGISTRATION FORM

Leslie Edwards, MA, LPC, PLLC
Licensed Professional Counselor
Texas License #62496

Phone: (210) 693-7131
Fax: (844) 863-6544
Ledwards.therapy@gmail.com

PATIENT INFORMATION

Name _____
Last First Preferred Name (if different than first name) Middle Initial

Address _____
City State Zip Code

Sex ☐ M ☐ F Age _____ Birthdate _____

Cell Phone Number _____ Home Phone Number _____ Work Phone Number _____

Preferred Mode of Contact: ☐ Home ☐ Cell ☐ Work

Emergency Contact & Relationship _____ Phone Number: _____

Referred by _____

INSURANCE COVERAGE

Person Responsible for Account _____
Last First Middle

Relation to Patient _____ Birthdate _____ Social Security Number _____

Address (if different from patient's) _____ Phone _____

Person Responsible Employed by _____ Address _____

Insurance Company _____ Subscriber # _____ Group # _____

Subscriber Name _____ Additional Insurance? (Y/N) If yes, Name and # _____

ASSIGNMENT AND RELEASE

I, the undersigned, certify that I (or my dependent) have insurance coverage with _____
(Name of insurance)

- I authorize use of this form on all of my insurance submissions.
- I authorize the release of information to my insurance company(s) and medical biller if used (electronic billing).
- I understand that I am responsible for the full amount of my bill for services provided.
- I authorize direct payment to my service provider.
- I hereby permit a copy of this to be used in place of an original.
- It is the patient's responsibility to pay any deductible amount, co-pay, co-insurance amount, or balance not paid by your insurance on the day services are provided.
- There will be a \$25 service charge on all returned checks.
- In the event that the account goes to collection, there will be a 20% collection fee added to the balance due.
- There is a cancellation policy which requires that you cancel your appointment 24 hours in advance between the hours of 7 a.m. and 6 p.m. Monday through Friday to avoid a possible charge of \$50.00. Three no shows will result in provider having the right to terminate treatment or to place patient on call-in status.
- This provider cannot provide phone services when patient is out of the state of Texas, due to interstate practice guidelines.

Signature _____ Date _____