Gayle Seely LLC Counseling

**********Insurance Registration **********

Date:_____

Name:_____ Date of Birth _____

Address:_____

City:_____ State:_____ Zip:_____

Email:_____

Circle One: Married /Single /Committed Circle One: Male /Female /_____

Phone Number: _____

Employer:_____

Parent's Names (if under 18):_____

Referral Source: _____

Client's statement of problem: _____

In case of an emergency whom should we contact?

_____ Phone: _____

Signature of client or guardian: _____

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BC/BSInsurance Group Number: _____

Subscriber ID:_____

(Also called Member ID, Enrollee ID, Policy # or Contract #)

Name of Policy Holder/Insured:

▢Same as client listed above or

▢_____ (Please list legal name)

Relationship to Insured:_____Insured DOB: _____

Insured Soc Sec #:_____

Office Use: Dx: F43.20 or Other _____

*Please be advised there is a $100.00 fee for any missed appointments that are not canceled 72 hours or more prior to the scheduled session.