

PATIENT REGISTRATION
Karen Klein Villa, Ph.D., LLC, Licensed Psychologist
1056 Charles Orndorf Drive, Suite B, Brighton, MI 48116

Please Print

Today's Date _____/_____/_____

Patient's Full Name _____ Date of Birth _____/_____/_____

Home Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Gender (M/F) _____ Age _____ SSN _____

Patient Employer _____ Phone No. (_____) _____

If Student, School: _____

Family Physician _____ Referred by _____

Emergency Contact _____ Phone No. (_____) _____

INSURED/RESPONSIBLE PARTY INFORMATION

Please complete this section regardless of insurance coverage.

Insurance Company _____ ID _____ Group _____

Subscriber Name _____ DOB _____/_____/_____ Relationship to patient _____

Subscriber Address _____ Phone No. (_____) _____

Employer + Address _____ Phone No. (_____) _____

Driver's License No. _____ State _____ SSN _____

Full Name of Spouse _____ Date of Birth _____/_____/_____

Spouse's Employer _____ Phone No. (_____) _____

OFFICE BILLING AND INSURANCE POLICY

1. I authorize use of this form on all of my insurance submissions.
2. I authorize the release of information to my insurance company(s).
3. I understand that I am responsible for the full payment of my bill for services provided.
4. I authorize direct payment to my service provider.
5. I hereby permit a copy of this to be used in place of an original.

Name _____

Signature _____ Date _____

- ✦ It is your responsibility to pay any deductible amount, co-pay, co-insurance amount or any other balance not paid by your insurance the day and time the service is provided.
- ✦ There will be a \$25.00 service charge for all returned checks.
- ✦ In the event that your account goes to collections, there will be a 33% collection fee added to your balance plus fees for filing court papers which can range from \$25 - \$100.
- ✦ There is a 24-hour cancellation policy which requires that you cancel your appointment 24 hours in advance between the hours of 8am and 4pm Monday through Friday to avoid being charged a \$100 cancellation fee.

Signature _____ Date _____