

Therapist \_\_\_\_\_

**Billing Information Form**  
**THE INTEGRAL PSYCHOLOGY CENTER, INC.**

**Client Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

If it is OK to contact you by email, please provide email address: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Telephone Nos: \_\_\_\_\_

Emergency Contact Relationship to you: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer's Telephone: \_\_\_\_\_

Referred By: \_\_\_\_\_

**Billing Information**

Person Responsible for Payment of Bill (if different from above) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Client \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_

**Insurance Information**

To bill your insurance what we list as your sex needs to align with what they have on file.

What sex should we indicate? \_\_\_\_\_

**Primary Medical Insurance Company** \_\_\_\_\_

Address for Sending Claims \_\_\_\_\_

ID Number \_\_\_\_\_ Group Number \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Deductible: \_\_\_\_\_ Co Pay: \_\_\_\_\_ Effective date of coverage \_\_\_\_\_

**Secondary Medical Insurance Company** \_\_\_\_\_

Address for Sending Claims \_\_\_\_\_

ID Number \_\_\_\_\_ Group Number \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Assignment of Benefits:** I hereby assign mental/health/psychotherapy benefits to which I am entitled (including Medicare, private insurance, and other health plan benefits) to The Integral Psychology Center, Inc. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original copy. I understand that I am financially responsible for all charges. I hereby authorize said assignee (The Integral Psychology Center, Inc.) to release all information to secure payment on my behalf.

**Signature** of Client &/or Responsible Person \_\_\_\_\_ Date \_\_\_\_\_