

Tanya Brown-Davis Counseling Service
6401 Eldorado Pkwy, Suite 106, McKinney, TX 75070

PATIENT INFORMATION FORM

Name _____

Home Address _____
Street City State Zip

Phone: Home _____ Work _____ Cell _____

I give my permission to be contacted at the phone numbers listed above. _____
Initials

SSN _____ - _____ - _____ Date of Birth _____ Age _____ Gender _____

Client Employer/School _____ Profession or Grade _____

Emergency Contact _____ Phone _____

Primary Insurance

Person Responsible for Account _____

Relationship to Client _____ Birthdate _____ Soc. Sec # _____

Home Address _____
Street City State Zip

Phone: Home _____ Work _____ Cell _____

Insurance Company Name or Mental Health Network * _____

Phone Number from Insurance Card _____

(Note: Your card may have a separate phone number for mental health/substance abuse.)

Account Number _____ Group Number _____

Name of Employer _____

* Please attach an enlarged copy of your insurance card (front and back) and an enlarged copy of your driver's license.

I certify that I and/or my dependents have insurance coverage with _____ and assign directly to Tanya Brown-Davis all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorized use of my signature on all insurance submissions. Tanya Brown-Davis or her representatives may use my health care information for the purpose of obtaining payment and determining insurance benefits from the above named insurance company. The consent will end when treatment is completed.

Signature of Patient or Policyholder _____ Date _____

Please Print Name _____ Relationship to client _____