Awareness Counseling Center
100 Katelyn Circle, Suite B
Warner Robins, GA 31088

Patient Information

Patient's Name: _____ SS#: _____ Sex: Male ☐ Female ☐
Date of Birth: _____ Age: _____ Marital Status: Single Married Separated Divorced Widowed
Home Address: _____City: _____ Zip: _____
Home Phone: (_____)_____ Cell Phone: (_____)_____

Email Address: _____ Occupation: _____

Employer (School, if student): _____ Work/School Phone: (____)_____

Employer/School Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Number: (_____)_____

Responsible Party and/or Insurance Information

Name of Insured: _____ SS#: _____ Date of Birth: _____

Primary Insurance Company: _____

Policy Number: _____ Group Number:_____

Employer: _____ Work Phone: (_____)_____

Secondary Insurance Company: _____

Name of Insured: _____ SS#: _____ Date of Birth: _____

Policy Number:_____ Group Number: _____

Employer: _____ Work Phone: (_____)_____

Insurance Billing: Your therapist offers billing of your insurance as a courtesy. Patients/Responsible Parties are ultimately responsible for all charges whether or not the charges are covered by your insurance.

Payment Policy: Your therapist requires payment or co-payment for services at the time services are rendered. Payment may be made by cash, personal check, debit or credit card. If your balance has not been paid after 90 days your therapist may utilize a collections agency to assist in collecting the amount due.

Appointment Cancellation Policy: Your therapist requires that cancellations for scheduled appointments be received 24 hours in advance. Unkept appointments which are not properly cancelled are subject to an unkept appointment fee, which can be equal to but not exceed the therapist's regular appointment fee. Insurance companies do not pay for unkept appointment fees and the patient/responsible party is held fully accountable for this charge.

I have read and understand the above stated policies of the therapists and staff.

Signature of Responsible Party (required): _____