Debbie Ennis LICSW

P.O. Box 53, Barre, MA 01005
978-257-8062

Client Information Sheet

Today's Date _____

Name _____ Birth Date _____ Age _____

Street Address _____ Town_____ Zip Code _____

Email Address _____

☐ Check here if you would like to be included on Listening's email list. You will receive no more than 2 emails a month informing you of services and upcoming events.

Home Phone # _____ Cell Phone # _____

Marital Status: ☐Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Child ☐ Partnered

Insurance Information: Medicare clients check here ☐ Medicare # _____

Name of Insurance Company _____

Subscriber's Name (If different from client.) _____

Subscriber's Phone #_____

Subscriber's Address_____ Town_____ Zip Code _____

Subscribers DOB _____ Relationship to Client: ☐ self ☐ spouse ☐ parent ☐ other

Co-pay amount: _____ Do you have a deductible? ☐ yes ☐ no

Subscriber ID # _____

I hereby authorize Debbie Ennis, LICSW to bill the insurance company named above and to receive payment directly for services I receive. I also authorize the release of private health information necessary to justify claims to the above company.

The insurance information furnished here represents a full disclosure of the insurance/third party benefits to which I am entitled. I understand that failure to disclose recertification/second opinion requirements for any and all plans to which I subscribe may cause me to incur full responsibility for professional charges as a result of non-payment by any carrier.

I understand that I am responsible for payment of services not covered by my medical insurance and to pay my co-pay at time of service. I further understand that failure to pay for services, not covered by my insurance carrier, could result in the termination of these services.

Client Signature _____ Date _____