

WELCOME
INTEGRATIVE PSYCHOLOGICAL SERVICES
PATIENT REGISTRATION INFORMATION (Please Print)

First Name _____ MI ____ Last Name _____
Street Address _____
City State Zip _____
Birth Date _____ Age _____ SS No _____
Employer/School _____
Home Phone _____ Work Phone _____
Cell Phone _____ How late can phone calls be returned _____
Email _____ Referred by _____
Relationship to insured: self ___ spouse ___ child ___ other ___
Employment Status: ___ employed ___ full-time student ___ part-time student,
Marital Status: ___ single, ___ married, ___ divorced, ___ other

POLICY HOLDER'S INFORMATION (if different from above and responsible party for billing)

First Name _____ MI ____ Last Name _____
Street Address _____
City State Zip _____
Birth Date _____ Age _____ SS No _____
Employer/School _____
Home Phone _____ Work Phone _____
Cell Phone _____ How late can phone calls be returned _____
Email _____ Referred by _____
Employment Status: ___ employed ___ full-time student ___ part-time student,
Marital Status: ___ single, ___ married, ___ divorced, ___ other

INSURANCE INFORMATION (if applicable)

Insurance Plan Name: _____
Insured's ID No. _____
Group/Policy No. _____
Insurance Phone Number _____
CoPay Amount _____ Deductible Amount _____
Deductible Paid Since January 1 _____

ASSIGNMENT OF BENEFITS & RELEASE OF INFORMATION

I hereby assign, transfer, and set over to Dr. Lawrence Todryk, Integrative Psychological Services, Inc. my medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine my benefit and additional sessions as needed. I authorize release of information and Dr. Todryk may contact you regarding billing and medical information. This authorization shall remain valid until written notice is given revoking said authorization. I understand that this order does not relieve me of my obligation to pay my bills if not paid by my Insurance Company or of any balance due after payments by my Insurance Company.

X _____ **X** _____
Signature of Responsible Party *Date*

X _____ **X** _____
Signature of Minor Child Over 12 years *Date*