RECOVERY TECHNOLOGY L.L.C.

Billing Office Use Only: ☐ New ☐ Returning

Benefits✓: _____ D/C date: _____

Clinician (if returning): _____

New Psychiatric Client Information

Date: _____

Client Name: _____ DOB _____ Case Number: _____

Gender: ☐ Male ☐ Female ☐ Other Social Security Number _____

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other

☐ Unknown ☐ Declined

Address: _____

City/State/Zip Code: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Guardian: _____ Phone: _____

Address: _____

City/State/Zip Code: _____ Email: _____

Have received Guardianship Papers? ☐ Yes ☐ No

Primary Insurance: _____

Policy Holder: _____ Date of Birth: _____

Relationship to Insured: _____ Social Security #: _____

Policy Contract Number: _____

Employer: _____

Secondary Insurance: _____

Policy Holder: _____ Date of Birth: _____

Relationship to Insured: _____ Social Security #: _____

Policy Contract Number: _____

Employer: _____

Billing Office Use Only:

Insurance Benefits Information