

North Suburban Counseling, P.C.

1170 East Belvidere Road, Suite 201
Grayslake, Illinois 60030
847-548-0492 Phone 847-548-0537 Fax

Face Sheet and Insurance Verification

Date of First Appointment: _____

PATIENT INFORMATION

Name: _____

Sex: _____ Age: _____ D.O.B.: _____ Marital Status: _____

Patient Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

EMPLOYMENT INFORMATION

Employer: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

INSURANCE INFORMATION

Holder of Insurance Policy: _____ Relation to Patient: _____

Insured Social Security # (If different): _____ Insured D.O.B. (If different): _____

Primary Insurance Company: _____

Insurance Company Billing Street Address: _____

City: _____ State: _____ Zip: _____

Benefits or General Phone #: _____

Policy #: _____ Group #: _____

ADDITIONAL INFORMATION

Referred By: _____

Emergency Contact Name: _____ Phone #: _____

Name, Address and Phone # of responsible party (If different from patient):

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HIPAA Confidentiality Agreement

I, _____, hereby request North Suburban Counseling, P.C. to keep communications regarding my protected health information confidential. To accomplish this request please adhere to the following requests:

Phone You can contact me by phone at: _____
Leave messages on answering machine:
Leave message with any other person:

Mail Contact me at the following address:

Fax Please do not contact me by fax
Please contact me by fax at: _____

Email Please do not contact me by email
You can contact me via email at: _____

It is important to be aware that email communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them.

Signed _____ **Date** _____

If you are not the patient, please specify your relationship to the patient
