

1037 Cresthaven Road  
Memphis, Tennessee 38119

**Mental Health Resources, PLLC**  
**www.MHRMemphis.com**

901-682-6136 Phone  
901-682-7136 Fax

CLIENT'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK NO. \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

MARITAL STATUS M \_\_\_ S \_\_\_ OTHER \_\_\_ EMAIL \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ JOB TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INSURANCE SUBSCRIBER'S NAME \_\_\_\_\_ RELATIONSHIP TO PATIENT \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GROUP # \_\_\_\_\_ POLICY # \_\_\_\_\_ SSN(SUBSCRIBER) \_\_\_\_\_

OTHER INSURANCE (secondary policy) \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY (ALL INFORMATION MUST BE COMPLETE - NO BLANKS)**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WHO REFERRED YOU TO THIS OFFICE \_\_\_\_\_ PHONE \_\_\_\_\_

WHO IS YOUR PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

**THERE WILL BE A CHARGE FOR CANCELLED APPOINTMENTS UNLESS 24 HOUR NOTICE IS GIVEN.**

**STATEMENT OF FINANCIAL RESPONSIBILITY**

As a courtesy to you, we will file your insurance for you if you desire. However, please remember that our professional relationship is with you and not your insurance company. Fees are charged to the client and we will not accept responsibility for collecting or negotiating a settlement for a disputed or rejected claim with your insurer. You hereby agree to be responsible to pay for the services rendered, whether your insurer pays or not.

Co-payments and deductibles are due at the time of service unless other arrangements have been made. If your account becomes more than 60 days in arrears and suitable arrangements for payment have not been made or kept, you also agree to be responsible for all charges incurred in pursuing payment. This includes, but is not limited to, 40% of the balance due to cover collection agency fees in addition to all other associated fees such as attorney, accounting, small claims court, etc. that arise as a result of our attempts to collect for nonpayment.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_