Bellosa Counseling, LLC
350 S. Northwest Highway, Suite 300
Park Ridge, IL 60068

Intake Cover Page for ADULTS

This form is required for your file. The information is needed for claims and/or auditing purposes. Please fill in all areas. "Client" & "Patient" refer to person seeking services. "Member" refers to the person who carries the insurance policy.

Client Name _____
FIRST NAME MIDDLE INITIAL LAST NAME

Client Address _____
STREET CITY STATE ZIP CODE

Primary Phone Number: _____ Accept texts? Yes No
Do we have permission to leave you a message at this number? Yes No

Secondary Phone Number: _____ Accept texts? Yes No
Do we have permission to leave you a message at this number? Yes No

Patient's Gender_____ Religious Preference (if you want us to know): _____

Patient's Marital Status: Single Married Widowed Separated Divorced

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INSURANCE INFORMATION* (Complete this section only if you wish for us to bill insurance company.)

Member's Name_____ Member's Employer _____

Insurance Carrier_____ Group #_____

Member ID #_____ Member's Date of Birth_____

Patient ID #_____ Patient's Date of Birth_____

Patient relationship to member: SELF SPOUSE CHILD/DEPENDENT

Refer to your insurance card for the following phone numbers: Member Services _____
Behavioral/Mental Health_____ Provider Hotline_____

*Providing this information does not guarantee insurance payment. Client assumes full responsibility for services.

Today's Date_____ Date & Time of first scheduled appointment_____

Therapist Assigned: _____ Supervisor (if applicable): _____

Whom can we thank for your referral to Bellosa Counseling, LLC? PERSONAL REFERENCE_____

INTERNET: GOOGLE YAHOO INSURANCE COMPANY _____ OTHER_____

Emergency Contact (Name, Phone, & Relationship): _____

Session Fees & Copays: Due at the beginning of each appointment. Payment can be made by cash, check, or credit card. **Checks should be made payable to Bellosa Counseling, LLC.**