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Client Intake Information for Billing and Contact

Name _____ Birth Date _____

Parents Name(s) _____

Address _____

Phone (H) _____ (C) _____

Email _____ Gender _____

Any restrictions around contact by phone, email, or leaving messages:

Insurance Information

Primary Insurance _____ ID Number _____

Name as on insurance card if different from above: _____

Provider Contact Number for Insurance Carrier _____

Secondary Insurance _____ ID Number _____

Provider Contact Number for Insurance Carrier _____

Any pertinent info on pending changes in insurance including prospective change date, carrier and other relevant information _____

With my signature below I give permission for this practice to use a confidential billing service to bill all insurance claims. I also acknowledge my understanding of, and agreement to, the office policy of a \$25 fee for all missed or canceled sessions canceled with less than 24 hour notice, with extreme weather being the only exception.

Signature of Client or Guardian _____ Date _____