



873 West Baxter Drive, South Jordan, Utah 84095
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admin@reachcounselingutah.com

Client / Consumer Information:

Client Full Name: _____ Date of Birth: _____
Marital Status: _____ Administrative Sex: Male Female
Address: _____
Home Phone: _____ Cell Phone: _____
Emergency Contact: _____ Emergency Contact Phone: _____

Responsible Party Information:

Responsible Party: _____ Relationship to Client: _____
Date of Birth: _____ Administrative Sex: Male Female
Address: _____
Home Phone: _____ Cell Phone: _____

Insurance Information:

Primary Insurance: _____ Policy Holder Name: _____
Relationship to Client: _____ Policy Holder Date of Birth: _____
Employer: _____ Employer Phone: _____
Group # : _____ Member ID #: _____
Would you like us to bill a secondary insurance? Yes No

If yes, please provide the same insurance and billing information listed above for the secondary policy:

Consent for Treatment and Billing:

I attest that the above information is true and correct. I understand that I am responsible for payment of all charges and understand that any verification of insurance benefits is not a guarantee of payment by my insurance company. As a courtesy, my insurance will be billed for me. I consent to allow Reach Counseling or any third-party billing company contracted with Reach Counseling, including Aspen Ridge and MHMI to bill my insurance on my behalf. It is my responsibility to pay any deductible, copay or any other balance, including missed appointment or late cancellation fees (\$50 per appointment).

Signature of **RESPONSIBLE PARTY**

Date: