Rachel M. Perlman; MA, LPC, NCC

Perlman Counseling and Supervision Services, LLC.

208 East Main Street, Manasquan, NJ 08736

Phone: (732) 292-4504 Fax: (732) 292-4505

Patient Demographic and Insurance Intake Form

Patient Information

Last Name: _____First name:_____ MI: _____

DOB: _____ **SS # (Mandatory):** _____ Sex: **M/F** Marital Status _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____@_____ Referred by: _____

Primary Care Physician Name and Phone: _____

Emergency Contact Name and Phone: _____

Under 18 Only:

Parent/Guardian Name:_____

Parent/Guardian Address:_____

Parent/Guardian Cell:_____ Parent/Guardian Home:_____

Parent/Guardian Email: _____

Insurance Information

Primary Insurance Co: _____ ID #: _____ Grp #: _____

Secondary Ins Co: _____ ID #: _____ Grp #: _____

Policy Holder Name: _____ ID #: _____

Policyholder DOB: _____ Policy holder address: _____

Policyholder SS #: _____ Policyholder Sex: _____ Copay Amount: _____

Patient Authorization

I authorize the release of any medical information necessary to process any claim. I authorize payment of medical benefits to the physician for services rendered.

Patient Signature: _____ Date: _____

Parent/Guardian Signature (if minor) _____ Date: _____