

## PLEASE UPDATE YOUR INFORMATION

### Demographic Info:

Client Name: \_\_\_\_\_  
Last First MI AGE/DOB SEX: M/F

Home Address: \_\_\_\_\_  
Street City State Zip

Please list the **BEST** Contact Phone Number you (the client) would like for us to use. If the Client is a minor, please list the Parent/ legal guardian's info.

**BEST Phone:** \_\_\_\_\_ **Is this your Home, Work or Cell? (Please circle)**  
 May call:  Yes  No      Message:  Yes  No      Texts:  Yes  No

**Alternate Phone:** \_\_\_\_\_ **Is this your Home, Work or Cell? (Please circle)**  
 May call:  Yes  No      Message:  Yes  No      Texts:  Yes  No

### For Appointment Reminders via Text

Cell Phone **Carrier:** \_\_\_\_\_ Phone Number \_\_\_\_\_

### Clients Emergency Contact:

Name of Clients Spouse **OR** Parent **OR** Emergency Contact:

\_\_\_\_\_  
First MI Last  
 Contact Phone: \_\_\_\_\_

### Billing info:

Employed Primary Insured Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Insurance Company Name: \_\_\_\_\_ EAP AUTH # \_\_\_\_\_  
 Behavioral Health Phone # (on back of card): \_\_\_\_\_  
 ID number: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 Group Number: \_\_\_\_\_

### Credit/Debit/ Health Savings Card:

We accept: Visa, Master Card, American Express, & Discover  
 Card Number: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 EXP DATE: \_\_\_\_\_  
 CVV Code: \_\_\_\_\_

I authorize Holman Family Services; LLC to charge my card for each appointment scheduled. Appointments cancelled within 48hrs of the scheduled appointment will not be billed. Appointments not cancelled 48hrs **before** the scheduled appointment will incur a failure to cancel fee of \$45. You may change or cancel an appointment by phone, or text to **469-844-5437**.

Intake: \$200      Individual: \$120      Family: \$150  
 Home Visit: \$25 (additional)      Foster/Adoption/Court Ordered Home Study: \$1500  
 Insurance co-pay \_\_\_\_\_ Amount will be verified with your insurance company.  
 Insurance co-insurance \_\_\_\_\_ Amount will be verified with your insurance company.

### Check

All returned checks will incur a fee of \$45

### Receipts

Text to Phone: \_\_\_\_\_ Cell phone Carrier: \_\_\_\_\_  
 Sent via Email: \_\_\_\_\_

Client/ Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_