**Client Cover Sheet** *for Kris Gooding, LCSW*

**YOUR FULL NAME Date of Birth**

Do you prefer to be called something else?

**ADDRESS:**

STREET

CITY

ZIPCODE

CELL PHONE ACCEPT MESSAGES?

OTHER PHONE ACCEPT MESSAGES?

EMAIL ACCEPT MESSAGES?

**PAYMENT AND INSURANCE:**

ARE YOU PLANNING TO SELF PAY?

ARE YOU HOPING TO USE INSURANCE FOR YOUR PORTION?

If hoping to use insurance, please fill out the information below:

**INSURANCE PROVIDER COMPANY NAME**

**POLICY NUMBER GROUP NUMBER**

**MEMBER NUMBER IF DIFFERENT**

**IS POLICY IN YOUR NAME?**

**IF IT IS NOT IN YOUR NAME PROVIDE THE FOLLOWING:**

**POLICY HOLDER'S NAME**

**RELATIONSHIP TO YOU THEIR DATE OF BIRTH**

DO YOU HAVE A DEDUCTIBLE?

IF SO HAVE YOU MET IT FOR THIS YEAR?

DO YOU HAVE A COPAY FOR MENTAL HEALTH OUTPATIENT SERVICES? WHAT IS IT?

\*\*All of this information is available to you at your provider’s web address with your subscriber login, as well as by phone to the number on the back of your card. If you are unable to easily find this information, let me know as I am often able to gather it for you. I will usually be able to bill insurance for you if you have Blue Cross or Medicare. For other plans I may not be able to do so. Please discuss with me any questions you have about insurance billing. **It remains your responsibility to pay all contracted fees for my services.** As a courtesy to you I will file your claims for reimbursement whenever possible. Occasionally issues arise and claims are not paid or misinformation is gathered that causes sessions to remain unpaid by your insurance. If this occurs you will need to settle the unpaid portion with me directly and promptly.

***Reminder:***

Please take a moment to make sure my cell number: **301-806-0211** is in your phone or added to your books. Also, please note my email address [kris@find-within.com](mailto:kris@find-within.com). Always **contact me directly** for any therapy related matters such as; altering your appointment time, notifying me you are running late, or any other time sensitive, appointment or therapy related matter. I accept voice and text messages.

As per your contract, I ask that you provide as much advance noticeof any changes to your appointments as possible.

I require 48 hours (business day hours) notice for cancellations.

**Again, call or text me directly 301 806 0211.**