

**Office Use Only:**

Copied  A/R Fax  Log

Initial Visit: \_\_\_\_\_

**Office Use Only: DX** \_\_\_\_\_

VH LG KW KH

Pt. Closed: \_\_\_\_\_

# Awareness, LLC

## Adult, Family and Adolescent Counseling

100 Katelyn Circle, Suite B  
Warner Robins, GA 31088  
478-953-2122

### Patient Information

Patient's Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Sex: Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: Married  Separated  Divorced  Widowed

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer (School, if student): \_\_\_\_\_ Work/School Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer/School Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Number: (\_\_\_\_\_) \_\_\_\_\_

### Responsible Party and/or Insurance Information

Name of Insured: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**Insurance Billing:** Awareness, LLC contracts with A/R Management Services (478-405-5880) to provide billing for our patients. Patients/Responsible Parties are ultimately responsible for all charges whether or not the charges are covered by your insurance.

**Payment Policy:** Awareness, LLC requires payment or co-payment for services at the time services are rendered. Payment may be made by cash, personal check, debit or credit card (MasterCard or Visa).

**Appointment Cancellation Policy:** Awareness, LLC requires that cancellations for scheduled appointments be received 24 hours in advance. Unkept appointments which are not properly cancelled are subject to an unkept appointment fee, which can be equal to but not exceed the therapist's regular appointment fee. Insurance companies do not pay for unkept appointment fees and the patient/responsible party is held fully accountable for this charge.

*I have read and understand the above stated policies of Awareness, LLC.*

**Signature of Responsible Party (required):** \_\_\_\_\_