

## 2020 Information Update Form

<b>Full Legal Name</b>			
<b>Date of Birth</b>			
<b>Current Address</b>			
<b>Home Phone</b>		<b>Cell Phone</b>	
<b>Preferred Contact Number:</b>	<i>Circle one:</i> Home    Cell		Ok to leave a detailed message- <b>Circle all that apply</b> Home    Cell
<b>Current Allergies</b>			
<b>Emergency Contact</b>	Name		
	Phone	Relation	
<b>Insurance</b>	Insurance Company:	Policy Holder:	
	ID #:	Group #:	
<b>Secondary Insurance</b>	Insurance Company:	Policy Holder:	
	ID#:	Group #:	
<b>Other Insurance</b>	Insurance Company:	Policy Holder:	
	ID#:	Group:	
<b>Insurance Change Notification</b>	You are responsible for notifying the billing office as soon as possible if your insurance changes. You may be responsible for additional charges if your appointments are billed with inaccurate insurance information.		
<b>Cancellation Policy</b>	Cancellations or changes in appointments must be made at least 24 hours in advance to avoid charges. If you fail to notify us 24 hours in advance, you will be charged \$60.00 for each missed or late cancelled appointment. Exceptions may be made for emergencies and other extenuating circumstances.		
<b>Payment Policy</b>	Copayments are due at the time of service and are your responsibility. Statements are sent out monthly and require full payment. If you cannot pay the full amount, you may contact our Billing Specialist to make payment arrangements. Failure to make payment in full or to make a payment arrangement will result in termination of care, referral to collections or both.		

By signing this form, I have read and understand the policies above and have provided accurate information. In addition, I assign all benefits from insurance or other third-party coverage to Healing Connections Therapy Center or its independent contractors. I understand that by signing this form I acknowledge that if my insurance carrier does not cover certain services, I will pay for them in full. I authorize the release of any medical information necessary to process any claim for services provided by Healing Connections Therapy Center or its independent contractors.

Signature

Date