Counseling on Burnside
2303 E. Burnside St., #203
Portland, OR 97214
(503) 827-3644

Name:____ Date:____________________

Who Referred you to me?_______________________________ **I give permission for you to send a thank you note to this person: ___ Yes ___ No**

Your Address:____________________________________ City:_______________ State:______ Zip:_________

Home Tel:__________________________ May We Leave A Message? Yes___ No__

Cell Ph:____________________________ May We Leave A Message? Yes___ No__

Work Ph:___________________________ May We Leave A Message? Yes___ No__

Date of Birth:_______________ Sex: M / F Marital Status: M__S__D__W__

Email:___________________________________ May we email you? Yes__ No__

Spouse __ Partner __ Do we have authorization to discuss your account with him or her? Yes__ No__

Name of Spouse or Partner:____

Who is responsible for paying your bill? If other than you, fill out below and responsible party must sign this form:

Name of Responsible Party: ______________________________ Relationship to you:______________

Address if different:_______________________________ City:______________State:_______ Zip:________

Home Ph:_____________________

Your Primary Insurance: _________________________ Your Secondary Insurance:_________________________

Subscriber #__________________Group#__________ Subscriber #:____________________ Group #:_________
If Subscriber is other than you:
please fill out their Address if different:_______________________City_________________ Zip___________

- I understand that I am fully responsible for all professional fees not covered by this assignment of insurance benefits.
- I understand that payment in full is due at the time of service unless prohibited by my Provider's contract with my insurer.
- I authorize my insurance company to pay medical benefits to the provider of services, Joseph Alexander.
- I hereby authorize the release of any medical or other information necessary to process insurance claims for services provided by Joseph Alexander.

Responsible Party's Signature:__________________________________ Date:____________________________