LOTUS COUNSELING CENTER, LLC

Amber Trepagnier, LPC, NCC
1 Galleria Blvd, Ste 1900 #1903
Metairie, LA 70001
504-444-1149

PATIENT INFORMATION FORM

Client Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Mobile Number: _____ Email: _____

Sex: □ Male □ Female Marital Status: □ Married □ Single SSN: _____

Employer: _____ Work Phone: _____

Employer Address: _____ City/State/Zip: _____

Spouse's Name: _____ Date of Birth: _____

Spouse's Employer:_____ Work Phone: _____

Address: _____ City/State/Zip: _____

Nearest relative not living with you: _____ PH: _____

Primary Care Physician:_____ PH: _____

Emergency Contact: _____ PH: _____

Primary Insurance:_____ Insured's Name_____

Policy _____ Group/Employer _____

Phone #: _____Address_____

Secondary Insurance: _____

Address: _____ City/St/Zip:_____

Phone #: _____Policy /Group #: _____

LOTUS COUNSELING CENTER, LLC

Amber Trepagnier, LPC, NCC
1 Galleria Blvd, Ste 1900 #1903
Metairie, LA 70001
504-444-1149

AUTHORIZATION OF PAYMENT

I understand and agree that (reqardless of my insurance status), I am ultimately responsible for the balance of my account for any professional services rendered. I have read all the information on these forms and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of and changes in my status or the above information.

Authorization of Payment

THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER MY INSURANCE POLICY/POLICIES.

I hereby authorize payment directly to **LOTUS COUNSELING CENTER, LLC** for services rendered to me or to my dependents. I understand that I am Responsible for any amount not covered by assigned Insurance. A photocopy of this Assignment shall be considered as effective and valid as the original. I also, authorize the release of any information pertinent to my case to any insurance company, adjuster, attorney, and or billing company involved in this case.

Date: _____Signature:_____

Date: _____Signature:_____
(If client is under the age of 18)

Date: _____Witness:_____