

**Terri Clinton Dichiser, JD, MA, LCPC, NCC,
Take Charge Inc.**

14700 Metcalf Avenue, Suite 100, Overland Park, KS 66223
(913) 239-TALK (8255)

Client Information:

Today's Date _____ Employer _____
Name _____ Employer's Complete Address: _____
 First M.I. Last
SS# _____
Address _____ Work Phone # _____
City _____ State _____ Zip _____ Cell Phone # _____
Home Phone # _____ Emergency Contact: _____
Date of Birth _____ Age _____
Marital Status: Married Single Divorced Widowed Separated
Sex: Male Female Spouse's Name _____
E-mail address _____

Responsible Party (if other than Client):

Name _____ Relationship to Client _____
Address _____ Date of Birth _____
City _____ State _____ Zip _____ SS# _____
Home Phone # _____ Daytime Phone # _____

Insurance Information (If insurance card has been submitted, skip to employer section):

Full Name of Insured _____ Relationship to Patient _____
Complete Address _____
Date of Birth _____ Age _____ SS# _____
Insurance Company _____ Insurance Effective Date _____
ID # _____ Group # _____
Mental Health Insurance Phone # _____

Name of Employer _____ **Employer Phone #** _____
Employer Address _____
City _____ State _____ Zip _____

Do you have any other insurance? Yes No (If yes, please provide)

Insured's Name _____ Address _____
Date of Birth _____

I hereby authorize Terri Clinton Dichiser LCPC, Take Charge Inc., to release any information acquired in the course of my treatment or examination to my insurance company for billing purposes only. _____

I understand even though Terri Clinton Dichiser is an out of network provider, benefits could be paid directly to Take Charge Inc. I understand if payment is made to Take Charge, Inc., I will be contacted for action regarding such payment(s). _____

I understand that I am fully responsible for all services and charges at the time services are rendered, even if I have benefits through insurance. I authorize treatment by this office. _____