

Shelley K Lazear, LCS
6535 S. Dayton St. Suite 1650
Greenwood Village, CO 80111
(Phone) 303-770-0161
(FAX) 303-770-0580

PATIENT REGISTRATION

Welcome to our office. We are committed to providing the best, most comprehensive care possible. We encourage asking questions. **In order to bill your insurance carrier, we need complete and accurate information.**

Patient Name _____ Today's Date _____

Date of Birth _____ Sex _____ Patient's social security # _____

Address _____ City _____

State _____ Zip _____ Telephone# _____ Work# _____

Employer & Employers address _____

Spouse Name _____ Spouse Employer Name/ Address _____

Family Physician's Name _____ Referring Physicians Name _____

Emergency Contact Person _____ Phone# _____

(Not living with you)

FINANCIAL INFORMATION: PERSON RESPONSIBLE FOR FEES (Parent's accompanying minors are responsible).

Primary Insurance Company (Include Auto or Work Comp) _____

Claim's Address _____

_____ . Insurance phone# _____

Policyholder's Name _____ Policy holder's Date of Birth _____

Insured Social Security # _____ Insurance ID# _____ Group# _____

Secondary Insurance Name _____

Claim's Address _____

Insurance phone# _____ Policy holders Name _____

Policy holders Date of Birth _____ Policy holder's Social Security # _____

Insurance ID# _____ Group# _____

****Payment is expected at the time of service. The above information is warranted to be true. I agree to be responsible for the charges incurred. If insurance is available, I authorize release of information for the purpose of filing claims, and also authorize payment of benefits directly to Shelley K Lazear, LCSW.**

****Cancellation of appointments must be made 24 hours in advance to avoid a failed appointment charge of \$50.00.**

Signature of Responsible Party

Date