

Cynthia L. Robles, MFT
Licensed Marriage and Family Therapist
Cynthiaroblesmft.com

PATIENT INFORMATION (Please Print)

Patient Name _____ DOB: _____ Age: _____ Sex: _____
Marital status: _____ Number of children _____ Age of children _____
Address: _____ City _____ State _____ Zip _____
Spouse Name _____ DOB: _____ Age: _____ Sex: _____
Address: _____ Same as above. Yes _____ No _____
Appointment reminders are emailed. Discretion needed? Yes _____ No _____
Home Phone _____ Business Phone _____
Cell/Pager _____ Email _____
Patients' SS# _____ Occupation _____ Employer _____
Referred by _____ Yellow Pages _____ Website _____ Therapist Finder _____

Billing and Insurance Information

The patient or responsible party is ultimately responsible for charges for services rendered. By signing below you take full responsibility for all information needed for re-imbusement of services by any third party payer, as well as any charges denied by that payer. Obtaining authorization for services is the sole responsibility of the subscriber. With most insurance's, deductibles must be paid before co-pays are allowed. Payment is due at the time services are rendered unless other arrangements have been made. Cancellations must be made 24 hrs in advance as a courtesy to Ms. Robles.

Insurance Subscribers Information

Subscriber name _____ DOB _____ SS# _____
Employer and city/state _____ Years employed _____
Medical Insurance Name _____
Billing Address _____ Telephone # _____
Policy # _____ Auth#(if needed) _____
Dates of coverage _____ to _____ Sessions allowed/year _____ Deductible _____ Copay _____

Employees Assistance Program (If using employee benefits please indicate the following)

Company Name _____ Company # _____
Name of Employee Assistance Program (Please check the following)
Ceridian/One Source _____ Concern _____ Exclusive Care _____ UBH _____ Value Options _____
Auth # _____ Number of sessions allowed _____
Contact Person for EAP _____

Signature of responsible party _____ Date _____

Signature of Spouse _____ Date _____