

**INSURANCE INFORMATION**

Insurance Co. name & address \_\_\_\_\_

Name of Policyholder \_\_\_\_\_ Insurance ID # \_\_\_\_\_

Policyholder Date of Birth \_\_\_\_\_

Group # \_\_\_\_\_ Mental Health Customer Service Phone # \_\_\_\_\_

**CREDIT CARD INFORMATION**

Name on card \_\_\_\_\_ Type of card(circle) VISA MASTERCARD

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

I authorize Dr. Drell to charge my credit card for sessions that are not cancelled with at least 24 hours notice and to pay for co-payments, deductibles and other charges that are incurred or not covered by my insurance plan.

\_\_\_\_\_  
Signature

**AUTHORIZATION**

I request and give consent to Dr. Drell to provide psychiatric services as are considered necessary or beneficial for my health and well being. My choice is voluntary and I understand that I may terminate therapy at anytime. I acknowledge that no representations, warranties or guarantees as to the results or cures have been made to me. I hereby authorize Dr. Drell or his staff to furnish information to insurance companies, utilization review companies, and EAP's concerning my evaluation/treatment. I hereby irrevocably assign to the doctor all payments for medical services rendered, unless I have paid for the services in full. I understand that I am financially responsible for all charges whether or not covered by the insurance company. I understand that in the event my account becomes delinquent, Dr. Drell may need to forward the information to a credit reporting agency or an attorney for collection assistance. I waive any rights to confidentiality with regard to information that must be divulged in resolving delinquent accounts.

\_\_\_\_\_  
Signature

**RECORDING BY PATIENTS**

We respect the strict confidentiality of the physician-patient relationship. We ask the same of you. By signing below, you agree that you will not make any recording of any person in this facility without their expressed written permission.

\_\_\_\_\_  
Signature