

Lisa K. Willis, Ph.D., CGP

Licensed Clinical Psychologist

(585) 454-9448

NEW PATIENT BILLING INFORMATION (for R & R Support Services, INC)

Patient Name:

(Last) (First) (Middle Initial)

Address:

(Street Name and #) (City) (Zip code)

Home Phone: (_____) _____ Date of Birth: _____

Marital Status: _____ Sex: Male Female

PCP Name: _____ PCP Phone: _____

Who is responsible for co-pays, deductibles, non-covered services and other balances:
(please check only one) Patient Other

Patient's Relationship to Guarantor/Policy Holder: Self Spouse Child Other

Policy Holder's Name _____

Name of Insurance: _____ Policy Number: _____

Phone number on back of card: _____ Policy Holder's Date of Birth: _____

If your insurance requires authorization, have you requested this from your PCP? Y N

Do you have a second insurance where claims should be submitted? YES NO

If yes, what is the name of the insurance: _____ Policy #: _____

Phone number on back of card: _____ Policy holder's name: _____

Their relationship to you: spouse other: _____

In consideration of the provision of services to the above named patient rendered by Lisa K. Willis, Ph.D. I agree to be obligated to pay any remaining balance due not covered by my/patient's insurance carrier(s). In addition, I authorize Lisa K. Willis, Ph.D. to release to parties responsible for payment of my/patient's mental health service bill(s) such information as may be necessary for the completion of financial obligation. All such transactions will be undertaken under conditions of strict confidentiality.

(Patient Signature)

(Date)

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877 Elmwood Avenue

Rochester, New York 14620