PRE-ADMISSION INSURANCE FORM

This form should be completed by the parent/guardian. The information obtained will assist in determining eligibility and benefits, treatment planning and coordinating services with other care providers. Please include a copy of the front and back of your medical insurance card. Feel free to call with any questions.

Section I – Demographic Information			
(1) Client's Full Name	Date of Birth	Home Phone	
Street Address	City	State	Zip
(2) Parent/Legal Guardian's Full Name	Date of Birth		
Street Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	
(3) Parent/Legal Guardian's Full Name	Date of Birth		
Street Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	
Section II - Insurance Information			
(1) Insurance Carrier	Insurance Group #	ID #	
Policy Holder Name	Policy Holder Date of Birth		
Policy Holder Employer Group Name			
(2) Insurance Carrier	Insurance Group #	ID #	
Policy Holder Name	Policy Holder Date of Birth		
Policy Holder Employer Group Name			

INSURANCE AUTHORIZATION:

I, (Print Name) _____,
Authorize and assign payment of medical benefits to The Hills Youth and Family Services. I authorize the use or disclosure of my protected health information as necessary to process this claim. I also understand that I am financially responsible for whatever portion insurance does not cover including but not limited to insurance deductibles, co-payment amounts and non covered services.

Signature: _____ Date: _____

Relationship to Client: (Circle One) Parent Legal Guardian