

Registration Form

Lynn B. Davies LLC
312 W. Chesapeake Ave.
Towson, Maryland 21204
443-286-3432

Date: _____

Name: _____ Phone #(s): _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ () Male () Female () Other

() Single () Married () Widowed () Separated () Divorced

Employed by: _____ Occupation: _____

Employment Address: _____

How did you learn of my practice? _____

Name of Spouse/Significant Other, if applicable: _____

Date of Birth: _____ Phone #(s): _____

Employment Address: _____

Occupation: _____

Name of Person to Contact in case of Emergency: _____

Relationship to Client: _____ Phone Number: _____

Do you plan to submit claims to your Insurance Carrier? () Yes () No

If yes, it is very important that you call to find out what your out-of-network benefits are, and whether or not pre-certification is required. You are responsible for submitting the forms necessary to obtain reimbursement.

Name of Insured: _____

Insured's Date of Birth _____ Policy #: _____

Relationship to Insured: () Self () Spouse () Child () Other

Name of Primary Insurance Carrier: _____

Insurance Address: _____

Insurance Phone Number: _____

Please Sign the Release.

I, the undersigned, have insurance coverage with _____.

I authorize my therapist, Lynn B. Davies, to release all information necessary to secure payment of benefits. I understand that I am financially responsible for all charges, and full payment is due by cash or check at the time of service, whether or not I receive insurance reimbursement. My signature below is my seal of responsibility.

Signature of Insured

Date