

Date Completed: ____/____/____

ADULT REGISTRATION FORM

E3 Solutions of North Carolina, 901 Paverstone Drive Suite 5, Raleigh, NC 27615
Phone: (919) 906-2891 - Web Address: www.e3solutionsnc.com

CLIENT INFORMATION

Client's Full Name (Last, first, middle):		
Home address:		
City:	State:	Zip:
Home phone # ()	Work # ()	Cell # ()
Birthdate (mo/day/yr):		Social Security #:
Email Address:		
Marital Status (circle):	Single	Married Partnered Widowed
Gender (circle):	M	F Other
Employment Status (circle any that apply):	Employed	Full Time Student Part Time Student Other
Name and address of person responsible for payments (if different from client above):		

Insured (policy holder) Primary Policy Information

Insured's name (last, first, middle):	Insured's DOB: _____
SS# of Insured:	
Relationship to insured:	Self Spouse Child Other(specify)
Primary Insurance Co. Name:	
Policy /Member ID #:	Group #:
Deductible Amount:	Co-payment Amount:
Has deductible been met? Y N	Eff. Date of Policy:
Does policy require that mental health benefits be pre-authorized?	YES NO
If yes, please provide authorization number:	
If Employee Assistance Plan (EAP), please enter name and authorization #:	
Is policyholder insured under employer's health plan (circle one)?	YES NO
Employer name:	

Note: Please provide insurance card for photocopy. Thank you!

I request and authorize E3 Solutions (Steven M. Daniels, Jr., Ph.D., PLLC) to provide evaluation and/or treatment for me. I hereby authorize the release to my insurance company of any medical information necessary to process claims for services provided by E3 Solutions of NC. I authorize payment of medical benefits to E3 Solutions of NC. I agree that I am responsible for any balance not reimbursed by my insurance company. I understand a collection and/or finance charge may be applied to any balance over 90 days past due.

Signature of Patient or Responsible Party

Date