11800 Aberdeen St NE, STE 100
Blaine, MN 55449-5847

THERAPY Connections
763-270-0054 Fax: 763-208-6371

5200 Willson Road, Suite 440
Edina, MN 55424-1343

Registration Form

Primary Client Information

Name: _____ Sex: M / F
Nickname: _____ DOB: _____ SSN: _____
Address:_____
City: _____ State: _____ Zip+4: _____
Home phone: _____ Cell: _____
☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Other: _____
Confidential e-mail: _____
Calls/emails will be discreet; indicate any restrictions: _____
Employer: _____ Work phone: _____
Address, City, State, Zip: _____
Emergency Contact: _____ Relationship: _____
Emergency Contact Phone: _____

Primary Insurance

Name of holder: _____ Sex: M / F DOB: _____
Address: _____ City: _____
State: _____ Zip: _____ Occupation: _____
May we call at work: Y / N Work hours: _____
Carrier Name: _____ Group #: _____
Policy #: _____ Subscriber #: _____
Address, City, State, Zip: _____
Phone: _____

Secondary Insurance (if applicable)

Name of holder: _____ Sex: M / F DOB: _____
Address: _____ City: _____
State: _____ Zip: _____ Occupation: _____
May we call at work: Y / N Work hours: _____
Carrier Name: _____ Group #: _____
Policy #: _____ Subscriber #: _____
Address, City, State, Zip: _____
Phone: _____

Responsible Party (*Where should the patient's portion of the bill be sent, if not to the patient?*)

Name: _____ Relationship: _____
Address, City, State, Zip: _____
Phone: _____

Assignment & Release

I, the undersigned, certify that I (or my dependent) have insurance coverage as noted above and assign directly to the healthcare provider listed at the top of this form all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the healthcare provider to release all information necessary to secure the payment of benefits and to mail patient statements. I authorize the use of the signature on all insurance submissions.

_____ _____ _____
Responsible Party Signature Relationship Date