

Holly Maddy, LLC
328 Thomas More Parkway #102
Crestview Hills, KY 41017
(859) 431-6333

Holly Maddy LCSW **Mark Switzer LCSW** **Anna Lingeman-CSW** | **Crystal Suetholz LPCC**

Today's Date:			
Name:			
Address:		City:	State:
			Zipcode:
Please Select which phone number is your preferred contact			
<input type="checkbox"/> Home Phone:		<input type="checkbox"/> Cell:	<input type="checkbox"/> Work:
Date of Birth:		Social Security #:	
Email address:			
May we email your billing statement to you?			
<input type="checkbox"/> Yes email is fine		<input type="checkbox"/> I prefer US Mail	
In Case of an Emergency Contact:			Phone:
Primary Insurance Company:		Pre-Authorization Code:	
Insurance Address:			
Subscriber Name:		Date of Birth:	
Subscriber Social Security #:		Employer:	
Insurance Identification #:		Group #:	
Secondary Insurance Company:			
Insurance Address:			
Subscriber Name:		Date of Birth:	
Subscriber Social Security #:		Employer:	
Insurance Identification #:		Group #:	
Referring Physician Name:			
If Responsible Party other than patient, please fill in below:			
Responsible Party Name:		Relationship to patient:	
Address:		City:	State:
			Zipcode:
Phone #:			
Authorization and Release:			
I authorize the release of any information including the diagnosis and records of any treatment or examination rendered to me or my child during the period of such care to third party payors and/or other health practitioners.			
MedTech Billing Service (513) 753-8900 and or Contract Staff of Holly Maddy, LLC will have access to the above information to pursue insurance payment.			
I authorize and request my insurance company to pay directly to Holly Maddy, LLC.			
I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.			
Signature:		Date:	