

Holly Maddy, LLC
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☐ Holly Maddy LCSW ☐ Emily Litton LCSW ☐ Anna Patton LCSW

Today's Date:			
Name:			
Address:		City:	State: Zipcode:
Please Select which phone number is your preferred contact			
☐ Home Phone:		☐ Cell:	☐ Work:
Date of Birth:			
Email address:			
May we email your billing statement to you?			
☐ Yes email is fine		☐ I prefer US Mail	
In Case of an Emergency Contact		Name:	Phone:
Relationship:			
Primary Insurance Company:			
Subscriber Name:		Date of Birth:	
Insurance Identification #:		Group #:	
Secondary Insurance Company (if applicable):			
Subscriber Name:		Date of Birth:	
Insurance Identification #:		Group #:	
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:	