

**Shawn Horn, PsyD, PS**

104 S Freya St, Ste 215B Orange Flag Building  
Spokane, WA 99202  
(509) 535-2045

**PRE AUTH / REFERRAL NEEDED Y / N**

**DIAGNOSIS** \_\_\_\_\_  
REFERRED BY \_\_\_\_\_  
PRIMARY CARE DR. \_\_\_\_\_  
PHONE # \_\_\_\_\_

**TODAYS DATE:**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ **M / F**

SS# \_\_\_\_\_ MARITAL STATUS: Married Single Divorced Widowed Partner

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Y/N

Employer/School \_\_\_\_\_ Work Phone \_\_\_\_\_ Y/N

Cell \_\_\_\_\_ Y/N

OK to call & Leave Message?

**IF PATIENT IS A CHILD**

Mother's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_

**INSURANCE INFORMATION**

Primary Insurance Name \_\_\_\_\_

Secondary Insurance Name \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Subscriber ID # \_\_\_\_\_

Subscriber ID # \_\_\_\_\_

Group # \_\_\_\_\_

Group # \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

*I understand that Shawn Horn, PsyD, PS and/or her billing managers will attempt to verify insurance coverage, but that verification does not guarantee payment. My insurance carrier may at any time refuse to pay any part or all of the charges despite verification, I further understand that I am fully responsible for payment of the services provided.*

*I hereby authorize payment directly to Shawn Horn for the benefits otherwise payable to me but not to exceed the provider's regular charges for the services provided. I understand that I remain financially responsible to the provider for all charges that I incur.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_