



# Swanson, Conti & Associates

A Psychological Corporation

818.986.9666

www.SwansonContiAndAssociates.com

Encino Medical Plaza

5400 Balboa Boulevard, Suite 311

Encino, California, 91316

## Responsible Billing Party

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

*Swanson, Conti and Associates does not participate with any insurance provider. Payment is due at the time of service. If you would like to receive a superbill to send to your insurance provider for reimbursement, please complete the Superbill Request Form found at [www.SwansonContiAndAssociates.com](http://www.SwansonContiAndAssociates.com).*

## Acknowledgements

Initial: \_\_\_\_\_ *By initialing here, I understand that I will be responsible for paying for all services according to the fee schedule provided.*

Initial: \_\_\_\_\_ *By initialing here, I acknowledge that I have been provided a fee schedule and understand all applicable charges.*

## Client Information

Client Name: \_\_\_\_\_

Same as above

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female  \_\_\_\_\_

Other people in the home including name(s) / age(s):

\_\_\_\_\_

Reason(s) for seeking treatment:

\_\_\_\_\_

\_\_\_\_\_

Previous Therapist: \_\_\_\_\_ Dates of Treatment: \_\_\_\_\_

Client's Physician: \_\_\_\_\_ Client's Psychiatrist: \_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_