Chime Mental Health Services

Courage Happiness Integrity Mindfulness Empathy

46 South Broadway Wells, MN 56097 (507) 461-0874
www.chimementalhealth.com

Client Contact and Billing Information Form

Client Information

Full Name: ____

Date of Birth: ____

Address: ____

City: _______________________ State: ______ Zip: ______________

Contact Information

Phone (W-H-C): ______________ May We Leave Messages? Yes or No If Yes, Voice or Text?

Phone (W-H-C): ______________ May We Leave Messages? Yes or No If Yes, Voice or Text?

Email address: ____

Insurance Info:

Primary Insurance: ____

Employer: ____

Address: ____

City: ___________________ State: ________ Zip Code: ____________

Phone Number: __________________ Fax Number: __________________

Identification Number: _______________ Group Number: _______________

I hereby authorize Chime Mental Health Services to release to my insurance company or its intermediaries any medical information or other information needed related to an insurance claim. I authorize and request payment of insurance benefits to Chime Mental Health Services.

I also agree to pay the deductible and/or copayment at each office visit based on the contractual agreement between Chime Mental Health and my insurance company. I agree to pay any applicable failed appointment fees according to the policy listed in the Informed Consent document, which I have been given.

Authorized Signature: ______________________________ Date: ______________

Revised 01/24/2024