

PATIENT REGISTRATION
Karen Klein Villa, Ph.D., LLC, Licensed Psychologist
1056 Charles Orndorf Drive, Suite B, Brighton, MI 48116

Please Print

Today's Date____/____/____

Patient's Full Name_____ Date of Birth____/____/____

Home Address_____ City_____ State_____ Zip_____

Home Phone (____)_____ Gender (M/F)_____ Age_____ SSN_____

Patient Employer_____ Phone No.(____)_____

If Student, School:_____ Email_____

Family Physician_____ Referred by_____

Emergency Contact_____ Phone No.(____)_____

INSURED/RESPONSIBLE PARTY INFORMATION

Please complete this section regardless of insurance coverage.

Insurance Company_____ ID_____ Group_____

Subscriber Name_____ DOB____/____/____ Relationship to patient _____

Subscriber Address_____ Phone No.(____)_____

Employer + Address_____ Phone No.____(____)_____

Driver's License No._____ State_____ SSN_____

Full Name of Spouse_____ Date of Birth ____/____/____

Spouse's Employer_____ Phone No. (____)_____

OFFICE BILLING AND INSURANCE POLICY

1. I authorize use of this form on all of my insurance submissions.
2. I authorize the release of information to my insurance company(s).
3. I understand that I am responsible for the full payment of my bill for services provided.
4. I authorize direct payment to my service provider.
5. I hereby permit a copy of this to be used in place of an original.

Name_____

Signature_____ Date_____

- ✦ It is your responsibility to pay any deductible amount, co-pay, co-insurance amount or any other balance not paid by your insurance the day and time the service is provided.
- ✦ There will be a \$25.00 service charge for all returned checks.
- ✦ In the event that your account goes to collections, there will be a 33% collection fee added to your balance plus fees for filing court papers which can range from \$25 - \$100.
- ✦ There is a 24-hour cancellation policy which requires that you cancel your appointment 24 hours in advance between the hours of 8am and 4pm Monday through Friday to avoid being charged a \$100 cancellation fee.

Signature_____ Date_____