Pathways to Change, LLC
Darlene Merchant, M.A., L.P.
15815 Franklin Trail S.E., Suite 308
Prior Lake, MN 55372

952-440-6792 (office)
952-484-0499 (cell)
952-440-6793 (fax)

Account Information

Client Name_____Date of Birth:____/____/____

Address: _____

_____

Phone: (Home)_____(Cell)_____(Work)_____

Client is: Married__Single__Other__ Employed___Full time student___PT student___

Guardians Name, if minor:_____

Name of Insurance Company:_____

ID Number:_____Group or FECA number_____

Certification/Authorization number, if required by insurance:_____

Name of Policy Holder:_____Date of Birth___/___/____

Address of policy holder:_____

_____

Phone:_____Relationship to client: self____spouse____parent____Other____

Policy holder's employer:_____

Insurance submission of claims Information:

Web Site:_____Phone Number_____

Address:_____

_____

Client Payment Portion:

Deductible amount:_____

Co-insurance amount:_____

Co-pay amount:_____

Please pay client portion at time of appointment, or as arranged.

Do you have secondary insurance?__ If so, please list the name here:_____ and fill out a second Account Information form.

Coordination. Insurance companies recommend that therapists coordinate care with clients' primary care physicians. You are not required to do this in order to receive coverage of services, however it is often helpful in providing comprehensive treatment. I give permission for this exchange_____(Please fill out the Release of Information form.) I choose not to authorize communication._____