

A/R Management
REBEKAH WALKER LCSW
4525 Harding Rd, Suite 200
Nashville, Tn 37205
Phone 615-712-8899 Fax 615-620-4488

CLIENT INFORMATION FOR A/R MANAGEMENT BILLING SERVICES

Client name: _____ Gender ___ Date of Birth _____
Age: ___ Marital Status: ___ Single ___ Married ___ Partnered ___ Divorced ___ Widowed

Home Address : _____

Email Address: _____

Home Phone: _____ Work # _____ Cell # _____
Best One To Reach you and Leave a Message: _____

Emergency Contact: _____ Relationship: _____
Emergency Contact Number: _____

Referred By: _____ # _____

I fully and freely consent to the release of any and all such patient information as is necessary for the processing of health care claims for reimbursement and for the process of accounts receivable for Rebekah Walker LCSW.

Signature of client, parent or legal guardian

Date

By signing below I acknowledge that I have read and understand the above information.

Signature of client, parent or legal guardian

Date