

Davis Behavioral Health
Financial Update

Client ID: _____

CLIENT DEMOGRAPHIC INFORMATION

Client Name [last, first, middle]: _____

Parent/Guardian Name [last, first]: _____

Alias and/or Maiden Name: _____ Emergency Contact & Number _____

Number of Dependents Under Age 18 _____

Address [include city, state & zip]: _____

Home Phone: _____ Cell Phone: _____ Other [message]: _____

Email: _____ How do you prefer to be contacted? _____

INSURANCE INFORMATION

Insurance Company Name: _____

Insurance Address (Street, City, State, Zip): _____

Insurance Phone Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

Subscriber I.D.: _____

Please Complete the Financial Information Below:

Number of People in Household: _____

Earnings/Wages _____

Workers Compensation _____

SSI: _____

SSD: _____

Social Security: _____

Retirement: _____

Food Stamps: _____

Welfare Benefits: _____

Alimony/Child: _____

Other Income: _____

Total Monthly Income: _____

Therapy Copay \$: _____

Medical Copay \$: _____

Received By _____