NUTLEY FAMILY SERVICE BUREAU, INC.

CLIENT REGISTRATION

(PLEASE PRINT and Complete All Requested Information)

Date: _____

CLIENT INFORMATION

Client's Name: _____

Parent/Guardian/Personal Representative (if applicable):_____

Client's Date of Birth: _____ Age: _____ Sex: _____ Social Security No. _____

Client's Marital Status: Married ☐ Single ☐ Divorced ☐

Separated ☐ Partnered ☐ Widowed ☐

Home Address: _____

City: _____ State:_____ Zip:_____

Home Phone: _____ Cell: _____ Work: _____

Client or Parent's Email Contact:_____

Please circle the race/ ethnicity you best associate with:

American Indian/ Alaskan Native, Asian, Black, Multi-Racial, Native Hawaiian/ Other Pacific Islander, White, Prefer not to specify

Ethnicity: Hispanic/ Latino Not Hispanic/ Latino

If Minor, Emergency contact should not be the same as Parent/ Guardian.

Emergency Contact: _____Phone #: _____

Relationship:_____

Address:_____

Primary Care Physician (PCP) Name: _____ Phone#:_____

PCP Address: _____

If needed, may we contact your PCP? Yes ☐ No ☐ Initial_____

PLEASE VIEW/SIGN REVERSE SIDE!

It is your responsibility to pay any co-pay, co-insurance, deductible amount or any other balance not paid by your insurance company on the day and time the service is provided. This includes a $25 no-show or late cancellation fee for appointments not cancelled 24 hours before the time of the appointment pr npt arrived by 20 minutes after schedule appointment time.

OFFICE INSURANCE BILLING POLICY

1. I authorize use of this form for all my insurance submissions.

2. I authorize the release of information to my insurance company(s).

3. I authorize direct payment to NFSB as my service provider.

4. I understand that I am responsible for the full amount of my bill for services provided.

5. I authorize direct payment to NFSB as my service provider.

6. I hereby permit a copy of this form to be used in place of an original.

** I agree that NFSB and its personnel can contact my emergency contact if necessary and that person can schedule/cancel appointments.*

I understand and agree to all of the above information.

☐ I agree that this agreement may be electronically signed. I agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

_____

Signature (Client/Patient) Date

_____

Signature (Parent, Guardian or Personal Representative) Date