

**Clear View Counseling and Wellness Center
4140 W. Charleston Blvd, Las Vegas, NV 89102**

Client Registration Form

Client's Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____ Sex: _____ Marital Status: _____ SSN#: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Position: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

How did you hear about Clear View Counseling? _____

If you have Insurance, please fill in these sections and present Insurance Card.

Primary Insurance Information: (If same as Client, write "Same")

Name of Insured: _____ SSN# _____

Insurance Company Name: _____ Relationship to Client: _____

Birthdate: _____ Employer: _____ Position: _____

Employer's Address: _____ Phone: _____

Insurance ID# _____ Group # _____

Secondary Insurance Information:

Name of Insured: _____ SSN# _____

Insurance Company Name: _____ Relationship to Client: _____

Birth Date: _____ Employer: _____ Position: _____

Employer's Address: _____ Phone: _____

Insurance ID# _____ Group # _____

I/We hereby authorize Clear View Counseling to process my medical insurance. I/We hereby authorize payment of medical benefits to which I/we are entitled to be paid to the above provider. I/We further authorize assignee to release any medical and insurance information necessary for the purpose of reimbursement for services rendered. I/We recognize any financial responsibility of any deductible, co-payments and non-covered expenses. This agreement will remain in effect until revoked by me/us in writing. A copy of this form is considered as a valid original.

I/We do hereby agree to pay all collection fees, 40% for regular collections and 50% for all collections that must be litigated or forwarded to another agency. I/We further agree to pay for all attorney fees, service fees, and court costs, which may accrue if payment is not received on my/our account and is referred to a collection agency.

I/We certify that I/we have read and understand all the information provided. I/We certify that the information provided by me/us above is true and correct to the best of my/our knowledge.

Signed: _____ Date _____ :