

NEW CLIENTS OF ARBOR COUNSELING CENTER

Client Name: _____

Date and Time of Initial Session: _____

- Please complete and sign the attached forms.
- Please have your insurance card ready to be copied for our records.
- If you have an Employee Assistance Program (EAP), please enter your authorization number.

EAP Authorization Number: _____

- If you are utilizing insurance benefits, many insurers require authorization prior to treatment. Please enter an authorization number if one was given.

Insurance Authorization Number: _____

- Please have your payment ready prior to the session. Your therapist can accept your cash, check, or credit card. A \$50.00 minimum per credit card transaction is required. Checks are to be made payable to: Arbor Counseling Center.
- If you have any questions regarding payment, insurance, or employee assistance programs, please don't hesitate to ask your therapist.