

**Angela Del Russo MA, LPC, CCTP
Adult Counseling Services, LLC
2008 Route 37 East, Suite 14
Toms River, NJ 08753**

Welcome to my office. I am committed to providing high quality psychological services for you.

Date: _____

Client Name: _____ Gender: M ___ F ___

Client Address: (Street) _____

(City, State, Zip) _____

Client Home Phone: _____ May I leave a message? _____

Client Cell Phone: _____ May I leave a message? _____ Text? _____

Client E-mail address: _____

Client Social Security Number: _____

Client Driver's License # and State issued: _____

Client Date of Birth/Age: _____

Client marital status: _____

If insurance in the name of your spouse please provide:

Spouse's Name & Date of Birth _____

Spouse's Place of employment & Social Security Number _____

Insurance Company: _____

Group # _____ ID# _____

Client Employer, Name & Address _____

Emergency Contact Name, phone #, relationship _____

Client's Primary Physician:

Name, address & Phone # _____

Whom may I thank for referring you? _____

I hereby authorize payment directly to Angela Del Russo, MA, LPC, CCTP of all insurance benefits otherwise payable to me for the services rendered. **I understand that I am financially responsible for all charges whether or not paid by insurance, and for all services rendered on my behalf including payments, co-insurance, deductibles, not show fees etc.** I authorize the above provider of services to release the information required to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature: _____ Date: _____