

Janet D. Byars, MS, LCMFT

Marriage & Family Life Clinic

913-707-0848

8100 Marty, Ste 107

janetbyarstherapy@gmail.com

Overland Park, KS 66204

www.kcmarriageandfamilylifeclinic.com

Client Information:

Today's date: _____

Employer: _____

Name: _____

Employer's Complete Address: _____

First M.I. Last

SS# _____

Address: _____

Work Phone: _____

City _____ State _____ Zip _____

Cell _____ Okay to Text? Yes No

Home Phone: _____

Emergency Contact: _____

Date of Birth _____ Age _____

Marital Status: Married Single Divorced Widowed Separated

Sex: Male Female

Spouse's name: _____

Email: _____

Okay to e-mail? Yes No

Responsible Party:

Name: _____

Relationship to Client _____

Address _____

Date of Birth: _____

City _____ State _____ Zip _____

SS#: _____

Cell _____

Work _____

Email: _____

Insurance Information:

Full Name of Insured _____

Relationship to Patient _____

Complete address: _____

Date of Birth _____ Age _____ SS#: _____

Insurance Company _____ Insurance Effective Date: _____

ID: _____ Group _____

Name of Employer _____ Employer Phone _____

Employer Address _____

City _____ State _____ Zip _____

Do you have any other insurance? Yes No

Insured's Name _____ address _____

Date of birth _____ copy of insurance card.

I hereby authorize KCM&FLC to release any information acquired in the course of my treatment or examination to my insurance company for billing purposes only. _____

I authorize payment directly to KCM&FLC. If any, that would be otherwise payable to me or my dependents for services rendered in the course of examination or treatment. _____

I understand that I am fully responsible for all services and charges, including any balance due after payment of insurance, and that insurance coverage may not pay for all charges. I also understand that copays and office fees are due and payable when services are rendered. I authorize treatment by this office. _____

