

# Serene Minds, LLC

410 Foulk Road, Suite 102  
Wilmington, DE 19803

80 Omega Dr, Bldg C  
Newark, DE 19713

## CLIENT INFORMATION UPDATE & AUTHORIZATION TO RELEASE INFORMATION TO INSURANCE PROVIDERS

NAME OF CLIENT \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

CLIENT'S SOCIAL SECURITY # \_\_\_\_\_ CLIENT'S DATE OF BIRTH \_\_\_\_\_

PARENT / GUARDIAN (if applicable) \_\_\_\_\_ RELATIONSHIP TO CLIENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ CELL# \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

### PRIMARY INSURANCE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME OF INSURED \_\_\_\_\_

ADDRESS OF INSURED \_\_\_\_\_

INSURED'S DATE OF BIRTH \_\_\_\_\_ INSURED'S SSN \_\_\_\_\_

INSURED'S EMPLOYER \_\_\_\_\_

PLAN NAME \_\_\_\_\_ POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

### SECONDARY INSURANCE (if applicable) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

NAME OF POLICY HOLDER \_\_\_\_\_

ADDRESS OF POLICY HOLDER (if different than client) \_\_\_\_\_

POLICY HOLDER'S DATE OF BIRTH \_\_\_\_\_ POLICY HOLDER'S SSN \_\_\_\_\_

POLICY HOLDER'S EMPLOYER \_\_\_\_\_

### EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

### PRIMARY PHYSICIAN & PHONE # \_\_\_\_\_

### REFERRED BY \_\_\_\_\_

#### PLEASE READ & INITIAL EACH OF THE BOXES BELOW:

- I authorize Serene Minds, LLC to submit visits to my insurance provider, when applicable.
- I authorize Serene Minds, LLC to release any medical or other necessary information to process claims to my insurance provider.
- I acknowledge payments of any insurance benefits due on my behalf are made to Serene Minds, LLC, and accept responsibility for all co-pays, co-insurance, and deductibles.
- I acknowledge that I am signing this consent in the absence of coercion, duress, or deceit.

\_\_\_\_\_  
Client Signature or Parent / Guardian Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)