

**Sharon Boris, LCSW, LLC**  
**630-734-0147**  
1010 Jorie Blvd, Suite 112, Oak Brook, IL 60523

**Registration**

Date  Who referred you?

Name  Date of Birth

Address  Home Phone

Cell Phone

Emergency Contact  Emergency Phone

**Policy Holder/Insurance Information**

**Primary Insurance:**

Insured's Name  Insured's Date of Birth

Your Relationship to Insured

ID#  PPO?  HMO?  Group#

**Secondary Insurance** (Only if Applicable)

Insured's Name  Insured's Date of Birth

Secondary Insurance Company Name/Address

ID#  PPO?  HMO?  Group#

The above information is accurate as of this date . I understand that if my insurance information changes that it is my responsibility to inform the office immediately. I consent to the use of this signature on all insurance submissions.

I consent to the payment of benefits directly to Sharon Boris, LCSW, LLC, who accepts assignment. It is understood that the undersigned has responsibility for the payment of services. Assignment of benefits does not release the undersigned from responsibility of payment.

Signature

Date