

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