Instructions for Completing Form Online

YOUTH DYNAMICS, INC.

FINANCIAL INFORMATION SHEET

Client Name: _____ SSN: _____

Medicaid Eligible: ❑ Yes ❑ No Medicaid Number: _____

Private Insurance: ❑ Yes ❑ No *(If no, please skip to the bottom of this form)*

Subscriber Name: _____ Subscriber SSN: _____

Home Address of Subscriber: _____
Street / P.O. Box City State Zip

Home Phone Number: (____) _____ Employer: _____

Insurance Company: _____ Phone Number: (____) _____

Address: _____

Policy Number: _____ Group Number: _____

Is client covered under a second private insurance policy? ❑ Yes ❑ No *(If yes, please complete the following)*

Subscriber Name: _____ SSN: _____

Home Address of Subscriber: _____
Street / P.O. Box City State Zip

Home Phone Number: (____) _____ Employer: _____

Insurance Company: _____ Phone Number: (____) _____

Address: _____

Policy Number: _____ Group Number: _____

Please attach copy of Insurance Card(s) / Medicaid Card

Services will not be rendered until this form has been signed and returned to Youth Dynamics, Inc.

I hereby authorize my insurance benefits to be paid directly to Youth Dynamics, Inc. ***A photocopy or a fax copy of this form is valid as original.*** I understand that billing information may include chart notes specific to treatment as requested by my insurance company in order to process and collect payment. I also understand that I am financially responsible for services if Managed Care eligibility or authorization lapses.

Authorized Signature: _____ Date: _____

FIN 301 10/00

Click here to print, then sign and vax or mail form.