



Robert DuRant, MD  
Adult, Child and Adolescent Psychiatry

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Adult, Child and Adolescent Psychology

### CLIENT REGISTRATION

NAME: \_\_\_\_\_ GENDER: male female

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

SSN: \_\_\_\_\_

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

TEL (CELL): \_\_\_\_\_

TEL (HOME): \_\_\_\_\_

TEL (OFFICE): \_\_\_\_\_

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

REFERRED BY: \_\_\_\_\_  
\_\_\_\_\_

EMERGENCY NAME(S) & NUMBERS: \_\_\_\_\_  
\_\_\_\_\_

#### **PAYMENT POLICIES & AUTHORIZATION:**

I authorize my provider and/or his agents to collect fees for services rendered to me and/or any other persons for whom I am responsible. I agree to pay in full at the time of service and/or within 30 days of any statements sent to me unless prior written agreement has been made with my provider. I agree to provide no less than 24 hours notice when canceling or changing my appointments, so that others have the opportunity to schedule in my place. I understand that when I give less than 24 hours notice for cancellations, I will be responsible for a late cancellation fee not less than \$40 (not to exceed the routine cost of that appointment). I understand that failure to show for any appointment not cancelled or rescheduled prior to its start time, will result in a no-show fee not less than 50% of the cost of the routine consult fee (not to exceed the routine cost of that appointment). I acknowledge that my provider might not be a participating provider with my insurance carrier and that if he/she is not, then he/she will not submit insurance claims for me. If I choose to submit claims on my own behalf, reimbursements will be sent directly to me and not to my provider.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Cash and personal checks are welcomed, but many patients find it convenient and preferable to allow this office to hold on file a credit or debit card to facilitate transactions. It will provide you a monthly record of expenditures.*

#### **CREDIT CARD INFORMATION:**

TYPE:  VISA  MASTERCARD  DISCOVER  
CARD NUMBER: \_\_\_\_\_ EXP: \_\_\_\_\_  
NAME ON CARD: \_\_\_\_\_  
SECURITY CODE: \_\_\_\_\_ (last 3 digits from the signature space on back of card)

**AUTHORIZING SIGNATURE:** \_\_\_\_\_