

Canton Office
 4119 Whipple Ave, NW Suite B
 Canton, Ohio 44718
 Phone: 330-703-6578 Fax: 330-768-7116



Registration Form

Client Name:		Date:
DOB:	Social Security Number:	
Street Address:	City:	Zip:
Cell Phone:	Home Phone:	
Mother's Name (If minor):	Address:	
Father's Name (If minor):	Address:	
Client's School (if necessary)	School Phone:	

Insurance Information

Please give your insurance card to receptionist

Person responsible for bill:	Birth Date:	Address (if different):	Contact Number:
Occupation:	Employer:	Employer address:	Employer phone number:

Please list primary insurance:

Subscriber's name:	Subscribers SSN:	Subscribers birth date:	Insurance Policy/ID Number:	Group Number:
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Please list secondary insurance:

Subscriber's name:	Subscribers SSN:	Subscribers birth date:	Insurance Policy/ID Number:	Group Number:
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The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to Elyse Etappa LLC. I understand that I am financially responsible for any balance. I also authorize Elyse Etappa LLC, DBA: Thrive Counseling Services, or my insurance company to release any information required to process my claims.

 Client or Parent/Guardian Signature _____
 Date