



RAFT Counseling Client Demographics and Payment Form

Demographics and Payment Form

Legal First Name and Last Name

Name (Name that you prefer to go by)

Phone Number: _____

Voice Messages OK? (Circle one) Yes No

Text Messages OK? (Circle one) Yes No

Email Address: _____

Address: _____

Please include Street, City and 9-digit Zip Code

Sex (Required only for insurance billing): _____ **Gender:** _____

Client Date of Birth: _____

If client is a minor, parent/ guardian's information:

Name: _____

DOB: _____ Phone Number: _____

Email Address: _____

Optional Client Information:

Relationship Status: _____

Employment Status: _____

Race and Ethnicity: _____



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Billing and Insurance Information

Circle One: **Self Pay** **Insurance**

Information that must be uploaded to your client portal:

- **A copy of driver's license or other form of photo identification**
- **If using insurance, a copy of the front and back of your insurance card.**
- **Debit/Credit Card Information. This covers payment of sessions for self-pay sessions, payment of co-pays and co-insurance if using insurance benefits. and payment of no show/late cancellation fees as applicable in the future. We encourage you to enter your card information directly into your client portal for your security.**

Insurance Information (if applicable)

Who is the Primary Insured? Please provide Full Name and DOB:

Address of primary insured if different than Client's:

Insurance Payor: _____

Insurance ID Number: _____

Credit/ Debit Card Information

Card holder's name: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Zip Code: _____