

Boise Psychological Services Intake Form

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Phone: 208-376-3546

Referred by _____

PATIENT

Last Name _____ First Name _____ Middle Initial _____ M F

Date of Birth _____ Home # _____ Work # _____ Cell # _____

Home Address _____ City _____ State _____ Zip _____

Employer/School _____ Spouse/Parent _____

RESPONSIBLE PARTY: Self (If Self, skip to next section)

Last Name _____ First Name _____ Middle Initial _____ M F

Relationship to Patient: Spouse Mother Father Other _____

Date of Birth _____ Home # _____ Work # _____ Cell # _____

Home Address _____ City _____ State _____ Zip _____

FINANCIAL POLICIES

I do not accept insurance. I will provide a Superbill with all fees and practice codes for you to submit to your insurance company and they may reimburse you. You may want to check with the insurance company to see if they will reimburse you for some of the fees. Full payment must be made at the time of visit.

AGREEMENT

- I understand that **I may be billed for missed appointments & for late cancellations (less than 24 hours notice).** Repeated no shows or late cancellations may result in being dropped from the provider's practice.
- My signature below indicates that I have read & understand the financial policies.

PATIENT SIGNATURE (If 15 years old and older) _____ Date _____

PARENT/GUARDIAN (For Minors) _____ Date _____