

# Tools4Life LLC.

Psychotherapy & Counseling  
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## Client Information Form

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

SS#: \_\_\_\_\_ HOME#: \_\_\_\_\_ WORK#: \_\_\_\_\_

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

PLEASE CHECK ONE:  Married  Single  Divorced  Widowed

SPOUSE'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

Legal Guardian (if minor Child):

Emergency Contact Information:

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Insurance Information:

Primary Insurance: \_\_\_\_\_

Policy#: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Policy Holder DOB: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Copay Amount: \_\_\_\_\_

Authorization#: \_\_\_\_\_

Number of Visits: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Policy#: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Policy Holder DOB: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Copay Amount: \_\_\_\_\_

Authorization#: \_\_\_\_\_

Number of Visits: \_\_\_\_\_

## ASSIGNMENT OF BENEFITS

I hereby authorize and direct \_\_\_\_\_ Insurance Company (hereinafter called "Company") to pay directly to Rebecca J. Hedgecock, NCC, LPC, all benefits due me by reason of the services rendered by Rebecca J. Hedgecock, NCC, LPC/Tools4Life Counseling or as provided for by the policy of insurance I have with the company, and as provided for by the policy of insurance I have with the Company, and do hereby assign all my rights in and to such benefits to Rebecca J. Hedgecock, NCC, LPC to enforce directly against liability to me for any payment of benefits made directly to Rebecca J. Hedgecock, NCC, LPC and authorize the release of any legally authorized medical information necessary for the payment of benefits under the insurance policy to be made to Rebecca J. Hedgecock, NCC, LPC.

\_\_\_\_\_  
Client/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date