NEW LEAF
COUNSELING OF THE RIVER VALLEY

Patient: Last Name: Riggs First Name: Stephanie
Address, City, State, Zip: 102 Roland Estate Lan
Date of Birth: 1/14/1975 Social Security Number: _____
Patient Status: New Patient [X] Established Patient: [ ] Eval Only: [ ]
Phone Number: (479) 719-515(Email: _____

Policy Holder if *not* Patient: Last Name: _____ First Name: _____
Address, City, State, Zip: _____
Date of Birth: _____ Social Security Number: _____
Relation to Policy Holder: Self: [ ] Spouse: [ ] Child: [ ] Other: _____

Primary Insurance Name: BCBS
ID Number: _____
Effective Date: _____ Copay to Collect: ~~$166.95 Cash~~
Prior Auth: Required: Y or N Attached: Y or N
Eligibility: Required: Y or N Attached: Y or N

Secondary Insurance – If Not Check here [ ]
Name: _____
ID Number: _____
Effective Date: _____ Copay to Collect: _____
Prior Auth: Required: Y or N Attached: Y or N
Eligibility: Required: Y or N Attached: Y or N

Patient Signature to File Insurance: _____ **Date:** _____

Billing Agency Notes: Billing Department to Bill Family Balance: Yes [X] No [ ]

Cash Amt: _____ Credit/Debit: _____

Rendering Provider: Bryant Prieto, LPC
Referring Providers Name: _____ Referring Provider NPI: _____

Patient Dx: #1: _____ #2: _____ #3: _____ #4: _____ #5: _____

Date of Service	POS	CPT	Charge
_____	11	90791	$290.00
_____	11	90837	$257.00
_____	11	90847	$267.00