Healing connections Therapy Center

PHONE: 952-892-7690
FAX: 952-898-4930
1751 Southcross Drive West
Burnsville, Minnesota 55306

2018 Information Update Form

Full Legal Name		
Date of Birth		
Current Address		
Home Phone		**Cell Phone**
Preferred Contact Number:	***Circle one***: Home Cell	Ok to leave a detailed message- **Circle all that apply** Home Cell
Current Allergies		
Emergency Contact	Name	
	Phone	Relation
Insurance	Insurance Company:	Policy Holder:
	ID #:	Group #:
Secondary Insurance	Insurance Company:	Policy Holder:
	ID#:	Group #:
Other Insurance	Insurance Company:	Policy Holder:
	ID#:	Group:
Insurance Change Notification	You are responsible for notifying the billing office as soon as possible if your insurance changes while receiving services here. You may be responsible for additional charges if your appointments are billed with inaccurate insurance information.	
Payment Policy	Copayments are due at the time of service and are your responsibility. Statements are sent once a month and require full payment. If you cannot pay the full amount, you may contact our Business Manager to make payment arrangements. Failure to either make payment in full or to make payment arrangements will result in further action, either termination of care, or referral to collections or both.	

By signing this form, I have read and understand the policies above and have provided accurate information. In addition, I assign all benefits from insurance or other third-party coverage to Healing Connections Therapy Center or its independent contractors. I understand that by signing this form I acknowledge that if my insurance carrier does not cover certain services, I will pay for them in full. I authorize the release of any medical information necessary to process any claim for services provided by Healing Connections Therapy Center or its independent contractors.

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Signature Date