



Dekle & Associates, LLC
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Client Information Sheet

Full Name: _____ Preferred name: _____

Preferred pronouns: _____ Sex: M/F/Transgender/Other: _____

Date of Birth: _____ Age: _____ Married/Divorced/Single/Widowed/Separated

Address: _____ City/State: _____

Zip: _____ Email address: _____

Best phone number to reach you: _____ Is this a (circle one): home/work/cell

Is it okay to leave a message or text this number? (circle one) yes/no

Secondary number: _____ Is this a (circle one): home/work/cell

Is it okay to leave a message or text this number? (circle one) yes/no

Employer/School: _____

How did you find out about our practice? _____

Emergency Contact

Name: _____

Relationship to you: _____ Phone number: _____

Primary Insurance Information

Insurance Company Name: _____

Identification/Member Number: _____

Group Number: _____

Subscriber's Name: _____

Subscriber's Address, City/State/Zip Code (if different than client):

Relationship to subscriber: _____ Subscriber's DOB: _____

Secondary Insurance Information

Insurance Company Name: _____

Identification/Member Number: _____

Group Number: _____

Subscriber's Name: _____

Subscriber's Address, City/State/Zip Code (if different than client):

Relationship to subscriber: _____ Subscriber's DOB: _____

Payment Information

We use a HIPAA compliant payment system called IVY PAY. At or shortly after your initial appointment, if you are choosing to pay via credit card or HSA card, you will receive a text to enter your card information for payment. Your card will be held on file and subsequent sessions and fees will be directly charged to your card. If you would prefer not to utilize this system, you are welcome to pay using cash or check. If you elect to use cash, please bring the exact amount of your copay and/or session fee. We do not keep cash on hand in the office. Should you not have exact change, a credit can be applied to your account for any overpayment.

Check one:

- I, _____, agree for Dekle & Associates, LLC to charge my credit card for any copayments, deductibles, session fees, or balances due that are within 30 days of the date of service or within 30 days of the insurance explanation of benefits. I also agree to charges for any no show or late cancellation of appointments.
- I choose not to use IVY Pay and place a card on file at my initial visit. I understand that payments must be made by cash or check on the date of service. I understand any no show fees will be due on or before my next scheduled session.

There is a \$35 fee for any session cancelled in which you do not give a 24-hour notice by phone, text or email.

Authorization for Third Party Billing

I authorize Dekle & Associates, LLC to bill my insurance company and to release any protected health information (treatment records) necessary for the purposes of payment for my care. I understand that should my insurance company deny payment, I am solely responsible for any balance due.

Client Signature: _____

Parent/Guardian: _____

Date: _____

One to three goals I have for my therapy experience: _____
