

NEW CLIENTS OF ARBOR COUNSELING CENTER

Client Name: _____

Date and Time of Initial Session: _____

- Please complete the attached forms.
- Please have your insurance card ready to be copied for our records.
- If you are utilizing insurance benefits, many insurers require authorization prior to treatment. Please enter an authorization number if one was given.

Authorization Number: _____

- Please have your payment ready prior to the session. Checks are to be made payable to: Arbor Counseling Center.
- If you have any questions regarding payment, insurance or employee assistance programs, please don't hesitate to ask.