Instar Community Services
1824 North Last Chance Gulch, Helena, MT 59601
Phone: 406-422-4828 Fax: 406-422-5240

CLIENT INTAKE FORM

Today's Date ____/____/____ **Counselor**_____

CLIENT INFORMATION

Legal Name Last	First	Middle	Maiden	Preferred Name

Home Phone	Cell Phone	Social Security #	Birth Date / /	Age	Sex ❑ M ❑ F

Street and mailing address	City	State	Postal Code

P.O. Box (if applicable)	City	State	Postal Code

Occupation	Employer	Work Phone

Email Address:	Are you a Veteran ___ Yes ___ No

INSURANCE INFORMATION (PLEASE GIVE YOUR INSURANCE CARD TO THE FRONT DESK TO MAKE A COPY)

Person Responsible for Bill	Birth Date / /	Address (if different)	Home Phone No. ( )

Email Address:			Cell Phone No. ( )

Occupation	Employer	Employer Address	Work Phone No. ( )

Is this client covered by insurance? ❑ Yes ❑ No

Please Select Your Primary Insurance Provider

❑ Allegiance ❑ Blue Cross/Blue Shield ❑ Choice Care ❑ Champus ❑ Cigna ❑ Pacific Source
❑ First Health ❑ MH NET ❑ Humana ❑ Aetna ❑ Medicaid ❑ Medicare ❑ TriCare
❑ Other _____

Insured's Name		**Birth Date** / /	Group #	Policy #	Co-Payment $

Client's Relationship to Insured ❑ Self ❑ Spouse ❑ Child ❑ Other _____

Name of Secondary Insurance (if any)	Insured's Name	Group #	Policy #

Client's Relationship to Insured ❑ Self ❑ Spouse ❑ Child ❑ Other _____

IN CASE OF EMERGENCY

Name of Local Friend or Relative	Relationship to Client	Home Phone No.	Work Phone No.

I understand that I am responsible for my fee payment at the beginning of each appointment. I agree to be responsible for the full payment of services rendered regardless of whether insurance reimbursement will be sought including any collection fees by a collection agency if utilized to collect fees owed. Instar Community Services will honor contractual agreements made with those managed healthcare companies which stipulate reimbursement restrictions. I hereby authorize the release of information for insurance reimbursement purposes. I authorize the payment of medical benefits to the provider of services.

X _____ _____ _____

CLIENT SIGNATURE **PRINTED NAME** **DATE**

Revised 8/5/2019