

# Center for Tranquil Transitions, LLC



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## Client Information Form

Client's Name (include middle initial): \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ (Accept calls at work? Yes /No)

Email Address: \_\_\_\_\_ Best way to contact you: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ How long: \_\_\_\_\_

Your reason for seeking counseling: \_\_\_\_\_

In Case of emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_

Would you like to receive periodic informational mailings? Yes/No

### Insurance Information

Insured's Name: \_\_\_\_\_ Insured's DOB: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_

Name of Mental Health Benefits Insurance Carrier: \_\_\_\_\_

Policy number: \_\_\_\_\_ Insured's ID Number: \_\_\_\_\_

Group ID Number: \_\_\_\_\_ Insurance Company phone number: \_\_\_\_\_

Insurance company's address: \_\_\_\_\_

Is there another mental health benefits plan? \_\_\_\_\_

### Assignment of Insurance benefits

By signing this form I am voluntarily authorizing the release of any information relating to all claims for benefits submitted on behalf of myself and/or dependents. I further agree and acknowledge that my signature on this document authorizes Cristina E. Mazzeo, LPC (Center for Tranquil Transitions, LLC) to submit claims for benefits for services rendered without having to obtain my signature on each and every claim to be submitted for myself and/or my dependents, and that I will be bound by this signature as though I had personally signed each particular claim.

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(Name of insured) (Name of Insurance Company)

to pay and hereby assign directly to Cristina E. Mazzeo, LPC (Center for Tranquil Transitions, LLC), all benefits, if any, otherwise payable to me for her services as described on this form. I understand I am financially responsible for all charges incurred. I further acknowledge that any insurance benefits, when received by and paid to Cristina E. Mazzeo, LPC (Center for Tranquil Transitions, LLC), will be credited to my account in accordance with the above said assignment.

Insured's Signature: \_\_\_\_\_ Date \_\_\_\_\_