

MIDWEST FAMILY AND COMMUNITY RESOURCES (MFCR) INTAKE REGISTRATION FORM - Page 1 of 2



REGISTRANT INFORMATION

FIRST NAME		LAST NAME	
MIDDLE NAME		DATE OF BIRTH	
GENDER		MARITAL STATUS	
HOME PHONE #		CELL PHONE #	
HOME ADDRESS		CITY	
STATE		ZIP CODE	
EMAIL ADDRESS		REFERRED BY	

EMERGENCY CONTACT

CONTACT NAME		RELATIONSHIP	
HOME PHONE #		CELL PHONE #	

INSURANCE/PAYMENT INFORMATION

NAME OF INDIVIDUAL RESPONSIBLE FOR PAYMENT		
RELATIONSHIP OF THE INDIVIDUAL TO REGISTRANT		
DO YOU HAVE MEDICAL INSURANCE?	Yes	No

PRIMARY INSURER		PHONE #	
NAME OF INSURED		ID #	
SUBSCRIBER ID #		GROUP #	
DEDUCTIBLE AMT		DEDUCTIBLE PAID	

SECONDARY INSURER		PHONE #	
NAME OF INSURED		ID #	
SUBSCRIBER ID #		GROUP #	
DEDUCTIBLE AMT		DEDUCTIBLE PAID	

REGISTRANT'S EMPLOYER NAME (IF EMPLOYED)	
REGISTRANT'S EMPLOYER ADDRESS (IF EMPLOYED)	
DATE THIS REGISTRATION WAS SUBMITTED	

**MIDWEST FAMILY AND COMMUNITY RESOURCES (MFCR)
INTAKE REGISTRATION FORM (CONTINUED) - Page 2 of 2**

WHAT ARE YOUR OUTPATIENT MENTAL HEALTH BENEFITS AS YOU UNDERSTAND THEM?

ASSIGNMENT OF INSURANCE BENEFITS

I, the undersigned, hereby authorize the release of any information relating to all claims for benefits submitted on behalf of myself and/or my dependents. I further expressly agree and acknowledge that my signature or its facsimile on this document authorizes Midwest Family and Community Resources (MFCR) to submit claims for benefits, for services rendered, without obtaining my signature on each and every claim to be submitted for myself and/or dependents, and that I will be bound by this signature as though the undersigned had personally signed the particular claim.

I, _____ hereby authorize _____
(name of insured) *(name of primary insurance company)*

and/or _____ to pay and hereby assign directly to MFCR
(name of secondary insurance company)

all benefits, if any, otherwise payable to me for services provided as described on the attached forms.

I understand that I am financially responsible for all charges incurred. I further acknowledge that any insurance, when received by and paid to MFCR, will be credited to my account, in accordance with the above said assignment.

(authorized signature of subscriber) *(date)*

(signature of witness) *(date)*