



**Lynne Angela Santiago, PhD, LMHC**  
*Licensed Psychotherapy & Consulting Services*

**CLIENT REGISTRATION**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (please indicate which number is best to reach you at and leave a voice message)

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SSN: \_\_\_\_\_

MARITAL STATUS: S M D W NAME OF SPOUSE/PARTNER: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
 Name Phone # Relationship

How did you find out about me?

MD \_\_\_\_\_ Google Search Yahoo Search Friend Therapist Website

Other Internet Search/Website \_\_\_\_\_ Other \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT INSURANCE CLAIMS**

Please be aware that, at this time, I do not file directly with health insurance companies. However, you may still use your insurance. If you have a PPO policy, or a policy that allows you to receive services from “out of network” providers, it is likely your insurance company will cover your claim. ***You will be required to pay the full fee for services at the time of service.*** You will receive a receipt that contains all the necessary information you will need to file your claim with your insurance company. It is important that you contact your insurance company to confirm what they will cover so that you will be informed about what your financial responsibility will be. You may be required to pay a deductible first, before they begin to reimburse you and most likely your co-pay will be slightly higher than had you received services from an ‘in-network’ provider.

I plan to file claims with my insurance company  
 Name of Insurance Company and policy #: \_\_\_\_\_ \

I do not plan to file claims with an insurance company.