

*Jan Waters, LPC, RPT*

48 Reckless Place • Red Bank, NJ 07701 • (732) 687-0285

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Registration Form

Client's Name: \_\_\_\_\_ Client's Preferred Name: \_\_\_\_\_

Client's Address: \_\_\_\_\_  
\_\_\_\_\_

Client's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent's Information (if Client is under 18)

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

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

Home Phone: \_\_\_\_\_ May we leave a message?  Yes  No

Cell/Other Phone: \_\_\_\_\_ May we leave a message?  Yes  No

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

Email: \_\_\_\_\_

May we email appointment reminders?  Yes  No

\*Please note: Email correspondence is not considered to be a confidential medium of communication.

Permission to send receipts via email?  Yes  No

Emergency contact

\_\_\_\_\_  
Name Phone Relationship

Where did you hear about this practice?

Friend Colleague Website: [www.janwaters.com](http://www.janwaters.com) Doctor Psychology Today

Insurance company \_\_\_\_\_ Other \_\_\_\_\_

*Jan Waters, LPC, RPT, LLC*  
48 Reckless Place • Red Bank, NJ 07701 • (732) 687-0285

NJ License No.: 37PC00383100  
NPI: 1528394616

Tax ID: 82-4970839  
Tax ID: 46-3307976

*Patient Worksheet for Obtaining Insurance Information **prior** to the initial appointment*

Patient's Name \_\_\_\_\_ Appointment Date \_\_\_\_\_

Thank you for making an appointment with me and I look forward to meeting you. You must determine your insurance benefits and email to me **BEFORE** your appointment.

**Here's what to do:**

1. Call the Member Services number on the back of your card.
2. Make a note of the name of the representative with whom you are speaking, date, and time.

Representative \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

3. Tell the representative that you are going to see *Janis Waters, LPC* for outpatient mental health services in an office. **Tax IDs: 46-3307976, 82-4970839** Address: 48 Reckless Place, Red Bank, NJ 07701.

4. Ask the following questions about your *eligibility* and *benefits*:

a. When was my plan's effective date? \_\_\_\_\_

b. Is Janis Waters in-network? \_\_\_\_\_

c. Is authorization required for the following services?

CPT code 90791 – diagnostic evaluation. Y N

CPT code 90834 – Psychotherapy, 45 minutes individual session with patient. Y N

CPT code 90846 – Psychotherapy, 45 minutes family without patient. Y N

CPT code 90847 – Psychotherapy, 45 minutes family with patient. Y N

*(If yes, request authorization and record the authorization number \_\_\_\_\_)*

d. What is my deductible? \_\_\_\_\_ Have I met it? \_\_\_\_\_

e. What is my co-pay? \_\_\_\_\_

f. What is my co-insurance? \_\_\_\_\_

g. What is the claims address? \_\_\_\_\_

h. What is your Insurance Company **Payer ID#** for electronic claims submissions? \_\_\_\_\_

Email completed form to [janwaters03@gmail.com](mailto:janwaters03@gmail.com). Thank you in advance.