

# Center for Connected Living, LLC

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## Demographic and Billing Information

### *Patient Information:*

Name of Patient: \_\_\_\_\_

Age of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female

### *Parent Information if applicable:*

Name(s) of Parent(s): \_\_\_\_\_

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

\_\_\_\_\_

### *Contact Information:*

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cellphone: \_\_\_\_\_

### *Insurance Information:*

Primary Insurance: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

ID number: \_\_\_\_\_

*Insurance Address:* \_\_\_\_\_

\_\_\_\_\_

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Date of service: \_\_\_\_\_ DX Code (s): \_\_\_\_\_

Payment: Check: \_\_\_\_\_ Check Number: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Cash: \_\_\_\_\_

Fee: \_\_\_\_\_

CPT Code: 90791 90837 90834 90832 90847 90846