

# Request for Service



**MORNING LIGHT**  
COUNSELING

<b>Client Name:</b>	<b>Date of Request:</b>
<b>First appointment made by:</b> ( ) Client ( ) Bishop ( ) Other _____	<b>1<sup>st</sup> Appt. Date and Time:</b>

## Client Information:

<b>Name/s:</b>			<b>Email:</b>
<b>Address:</b>			<b>Reason for Seeking Counseling :</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Home Phone:</b>	<b>Cell :</b>	<b>Business:</b>	
<i>OK to leave msg. Y/N</i>		<i>OK to call : Y/N</i>	

## Payment Information:

<b>Payment Plan</b>	<b>Insurance Information (if applicable)</b>
<b>Responsible Party : Amount: \$ / %</b> <input type="checkbox"/> <b>Client</b> \$ _____ or % _____ <input type="checkbox"/> <b>Parent/Spouse</b> \$ _____ or % _____ <input type="checkbox"/> <b>Ward</b> \$ _____ or % _____ <input type="checkbox"/> <b>Insurance</b> \$ _____ or % _____	Primary Insurance: _____ Insured's Name: _____ Date of Birth: _____ Patient Relationship to Subscriber: _____ Subscriber ID: _____ Office Visit Co-pay: \$ _____ Group Name: _____ Group Number: _____ <b>Co-Pay or % _____ Deductible _____</b> <b>Is Preauthorization required? ( ) Yes ( ) No</b>

## Ward Information: (if applicable)

<b>Ward:</b>	<b>Stake:</b>	
<b>Bishop's Name:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Bishop Address:</b>	<b>Bishop's Email:</b>	<b>Business Phone:</b>
<b>Bishop Instructions/Session Limits:</b>		
<i>OK to call ( ) Yes ( ) No</i>		