Recovery Counseling Center, LLC
7211 Park Heights Avenue, Suite 4
Baltimore, Maryland 21208 443-681-9150
Fax: 1-877-715-7229 Email: office@rccbaltimore.com

INSURANCE/DEMOGRAPHICS

Client's name (full legal): ____

Address:_______________________ Apt:___ City:_________ State:___ Zip: _________

Phone: _____________________ email: ____

May we leave confidential voicemail? Yes / No

DOB:____/_____/________ Sex: M / F Referred by: __________________________

Insurance provider: ________________________________ Out-of-state? _________

Member ID: ___________________________ Group number: ______________________

Medicaid Only: Medical Assistance 11 digits: ______________________________

Please provide us with your insurance card and state ID so we can photocopy the front and back for our records.

I certify that the information provided is true to the best of my knowledge. I understand that it is my responsibility to inform the company promptly regarding any changes in my insurance, coverage or demographics. I grant permission for RCC staff to contact my insurance provider to determine my benefits and to bill me for all services rendered. I understand that any fees not covered by my insurance, including but not limited to required copays, deductibles, rejected claims or use of service without an authorization in place, will be billed directly to me. I agree to pay all copays at the time of service and I understand that all deductibles and fees are my financial responsibility. Canceled or bounced checks have a $35 fee and payment is due within seven business days.

Signature: ____ Date: ______________

updated: 3/2019