

Patient Name: _____ DOB: _____ SS# _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Health Insurance Company: _____ ID# _____

Holder of Insurance: (Name) _____ DOB: _____

Holder's Social Security: _____ Employer: _____

Date of time of arrival: _____ Transportation needed from airport: yes no

Airline: _____ Time of arrival: _____ Flight #: _____

Expectation for your client while in treatment:

The financial contract needs the signature of the financially responsible person. Please obtain signature prior to admission and either email contract back to kathleen.neher@lindnercenter.org or present on day of admission.

If the patient is not their own guardian, please obtain the guardian's signature on the following documents if the guardian will not be escorting patient to treatment.

- Consent to Treat
- Releases of information
- Financial Contract
- Please obtain the guardian's full name and contact information.

If you have any questions, please call (513) 536-0532 or (513) 543-0226.