



(Select the text tool then place your cursor in the field to type in your information, then you can use the tab key between fields to complete. Then "Click to Print" at the bottom, or print first and fill out by hand.)

## Intake Form

DX: \_\_\_\_\_

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

Initial Appointment Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Sex:  Male  Female OK to leave message?:  Y  N

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

Insurance Company: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(if different from above)

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Provider in Network?:  Y  N

Insurance Contact: \_\_\_\_\_

Authorization required?:  Y  N Authorization #: \_\_\_\_\_

# of Sessions: \_\_\_\_\_ Co-pay: \_\_\_\_\_ Deductible: \_\_\_\_\_

Other Notes: \_\_\_\_\_

Intake Date: \_\_\_\_\_ Authorization Date: \_\_\_\_\_



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