



WELCOME TO OUR OFFICE

Jenna Tedesco, Psy.D.

The Present Center for Mindfulness and Healing, LLC

2607 North Harrison Street

Wilmington, DE 19802

Patient Information

Name _____ Home Phone _____

Address _____ Work Phone _____

_____ Cell Phone _____

Preferred Contact: Home Work Cell E-mail _____
(Circle One) E-mail _____

May I call and leave a message for you at: **Home:** Yes or No **Work:** Yes or No **Cell:** Yes or No

Any special instructions about leaving messages: _____

SSN _____ - _____ - _____ Date of Birth _____

Relationship Status _____ Family Physician _____

Who referred you? _____ Phone Number _____

Insurance Information

Member Name _____ Insurance Company _____

Member ID _____ Phone (on Back of Card) _____

Group Number _____ Employer _____

Office Use : Effective Date _____ Deductible _____

Copay _____ Effective _____

Out of Pocket _____

Person Responsible for the Bill (if other than self):

Name _____ Home Phone _____

Address _____ Work Phone _____

_____ Cell Phone _____

SSN _____ - _____ - _____ Date of Birth _____

Relationship to Patient: Spouse Parent Other _____

I understand that I am responsible for the payment of my bill in full. If I plan to submit my expenses to insurance, I can request a receipt with the required information.

I also understand that a minimum of 24 hour notice must be given to cancel an appointment or I will be responsible for payment in full at the next appointment.

Signature _____ Date _____