



Aria Counseling

Assessment & Mediation Centers

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Fridley, MN 55432

📍 3249 Hennepin Ave South Suite 144
Minneapolis, MN 55408

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Intake Form

Today's Date: _____

Name _____
Last Name First Name Middle Initial

Chosen/Preferred Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Birthdate ____/____/____ Gender: _____ Pronouns: _____

Occupation/Student Status

For Students: Full-Time Part-Time School Name: _____

For Employed Persons: Full-Time Part-Time Other: _____

Occupation: _____ Employer: _____

Insurance Information

Do you have Medical Insurance? If yes, please complete the following section. No Yes

Insurance Policy Holder's Name: _____ Birthdate ____/____/____

Address (if not the insurance holder): _____

Relationship to client: Self Spouse Child Other: _____

Name of Primary Insurance Company: _____

Group # _____ Subscriber ID # _____

Name of Secondary Insurance Company (if any) _____

Group # _____ Subscriber ID # _____

Emergency Contact

Name: _____

Relationship: _____

Phone # _____

How did you learn about our center?

Whom may we thank for referring you?

Assignment and Release

I, the undersigned, have insurance coverage with _____ Name of Insurance Company and assign directly to Aria Counseling, Assessment, & Mediation Centers all medical benefits, if any, otherwise payable to me for services rendered. **I understand that I am financially responsible for all charges whether paid by insurance.** I hereby authorize the therapist to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submission whether manual or electronic.

Signature of Insured/Guardian

Date

It is agreed and understood that if this financial obligation owed to Aria Counseling, Assessment, & Mediation Centers for services rendered should become delinquent, I, the client and/or responsible party, agree to be obligated for collection costs, attorneys' fees, interest, and any associated costs of litigation to collect this debt. It is also agreed and understood that if this obligation should become delinquent that Aria will charge a late charge of 1.5% per month on the principle past due amount and I agree to be responsible for said late finance charges.

Signature of Insured/Guardian

Date