Brighter Living, LLC

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Marion Fitzgerald Richardson, LLC
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NPI #1750843371

Anthony Ferruggiaro, MA, LAC
License #AC-GTL-20-01906

Patient Information

Print Patient Name: _____ **DOB:** _____

Mailing Address: _____

City/Town: _____ **State:** _____ **Zip Code:** _____

Marital Status: _____ **Sex:** _____ **Age:** _____ **Telephone:** _____

Parent/Guardian Information: _____

Print Full Name: _____ **DOB:** _____

Email: _____ **SS#:** _____

Marital Status: _____ **Sex:** _____ **Age:** _____ **Telephone:** _____

Work Phone: _____ **Cell Phone:** _____

In Case of Emergency: _____ **Phone:** _____

Who Referred You: _____ **Phone:** _____

Do I have permission to speak to your referral source regarding your care if need be? Y / N (circle one)

I hereby consent for _____ to be seen by the affiliates of Brighter Living, LLC. I understand that they are out of network providers, and that I am financially responsible for all appointments to be paid in full at the time of the session regardless of reimbursement from my insurance company. There will be a returned check fee of $30. I MUST sign a release of information form for this patient's information to be shared verbally, by fax, or by mail with anyone. A release form is available upon request. Your privacy is our number one priority. All appointments must be canceled within 24 hours notice prior to the scheduled appointment, otherwise a charge will be implemented for my missed session, which cannot be submitted to my insurance for reimbursement.

Parent Signature: _____ **Date:** _____

Patient Signature: _____ **Date:** _____