

BERNADETTE MULLINS MILLER, MSSW
933 N. MAYFAIR ROAD, SUITE 101
WAUWATOSA, WISCONSIN 53226
(414) 378-0999

NAME:		
ADDRESS:	CITY:	ZIP:
CELL PHONE:	PERMISSION TO TEXT: Y N	
MARITAL STATUS:	DATE OF BIRTH:	
EMPLOYER:	REFERRAL SOURCE:	
EMAIL ADDRESS:	PERMISSION TO EMAIL: Y N	

NAME OF RESPONSIBLE PARTY FOR BILLING:		
ADDRESS:	CITY:	ZIP:
CELL PHONE:	DATE OF BIRTH:	
EMPLOYER:	RELATIONSHIP:	
EMAIL ADDRESS:		

INSURANCE COMPANY:	
ADDRESS:	PHONE:
GROUP #:	ID #:

BY MY SIGNATURE BELOW, I HEREBY AUTHORIZE THE RELEASE OF ANY INFORMATION NECESSARY TO PROCESS INSURANCE CLAIMS. I AUTHORIZE MY INSURANCE COMPANY TO MAKE PAYMENTS DIRECTLY TO BERNADETTE MULLINS MILLER. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY CHARGES NOT PAID BY MY INSURANCE, AND WILL PAY THESE CHARGES IN A TIMELY MANNER.

SIGNATURE

DATE