

Positive Perceptions, PLLC
10400 Mallard Creek Rd Suite 210
Charlotte, NC 28262

Phone Screening

Client Name _____

How did you hear about us?

Online Therapist Primary MD Insurance Co Friend Self-referred

Address _____

City _____ State _____ Zip Code _____

DOB: _____ Soc Sec#: _____

Mobile Phone # _____ Home Phone# _____

Email Address _____

Legal Guardian Name _____

Primary Subscriber on Insurance _____

Insurance Name _____ ID#: _____

Insurance Phone # _____

Chief Complaint: _____

Primary Care Doctor Name & Address _____

_____ &NPI #if applicable _____

Appointment date & time _____

Please view our website and complete paperwork prior to visit or arrive 20 mins early!!

For Office Use Only:

Insurance Verification: Active Date: _____ # of Psychiatric visits: _____

Percentage of Coverage: _____ Primary Insurance: Y/ N _____

Copay Amount: _____ Annual Deductible: _____

Deductible Amount Met Year to Date _____

Spoke w/ _____ Verified by _____