





Please remit payment to:

Rum River Counseling, Inc.

2705 Bunker Lake Blvd. NW, Suite 100
Andover, MN 55304

ACCOUNT INFO	
PATIENT NAME	
DATE OF BIRTH	ACCT #

IF PAYING BY CREDIT CARD, FILL OUT BELOW			
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
CARD NUMBER			
EXP DATE		CVV/SIGNATURE CODE	
CARD HOLDER NAME		PAYMENT AMOUNT \$	
SIGNATURE		DATE	

<p>To ensure proper credit, please make checks payable to Rum River Counseling, Inc.</p>
<p>To pay your balance online thru our Secure Online Form or to pay with  visit our website at www.rumrivercounseling.com.</p>

Prompt payment is appreciated.
~Thank you!

If you change your contact or insurance information, you must notify us immediately.
Please report a change of your name, address, phone number, or insurance information in the area below.

NAME, ADDRESS, PHONE NUMBER, OR OTHER CHANGES
For a name change, you must also send a copy of your driver's license, marriage certificate, divorce decree, court order or Social security card with your new name (include maiden name if appropriate).
NAME
ADDRESS
PHONE NUMBER
OTHER CHANGE

INSURANCE CHANGES	
For an insurance change, you must send a copy of both sides of the new insurance card.	
NEW INSURANCE COMPANY	EFFECTIVE DATE
MEMBER ID#	GROUP ID#
POLICY HOLDER NAME	POLICY HOLDER DOB
I authorize Rum River Counseling, Inc. to release any medical information to my insurance company which may be deemed necessary in order to process an insurance claim. It is my intent that a copy of this authorization carries the same force and effect as the original. I certify that the information provided on this form is correct to the best of my knowledge. I authorize my insurance company to assign benefits to Rum River Counseling, Inc.	
SIGNATURE	DATE