

Richard J, Lally, LCSW, LLC
40 Bloomfield Avenue
Suite 5
Denville, NJ 07834

Patient Information	
Last Name	
First Name	
MI	
Address	
City, State	
Zip Code	
Telephone	
Date of Birth	
Gender	
Marital Status	
Cell Phone Number	
Insured's Information	
Last Name	
First Name	
MI	
Address	
City, State	
Zip Code	
Telephone	
Relationship to Patient	
Date of Birth	
Gender	
Marital Status	
Cell Phone Number	
Primary Insurance Carrier	
Company	
Address	
City, State	
Zip Code	
Telephone	
ID Number	
Group/Policy Number	
Primary Care Physician	
Name	
Address	
City, State	
Zip Code	
Telephone	
Emergency Notification	
Name	
Address	
City, State	
Zip Code	
Telephone	
Relationship to Patient	
Authorization of Release	
I authorize the release of any medical information necessary to process my insurance claim(s). I agree that this authorization will cover all medical services rendered until such authorization is revoked by me. I agree that a photocopy of this form may be used in the place of the original.	
_____ Signature of Patient or Representative	
_____ Date	