

**Please indicate the primary insurance:**  
☐Aetna   ☐BCBS   ☐Cigna   ☐Optum   ☐UnitedHealthcare   ☐Amerigroup   ☐TennCare/Medicaid   ☐United Healthcare Comm Plan   ☐Other\_\_\_\_\_

**Family - Household income:**

<input type="checkbox"/> Less than \$10,890	<input type="checkbox"/> \$18,531- \$22,350	<input type="checkbox"/> \$29,991- \$33,810	<input type="checkbox"/> \$40,001- \$45,000	<input type="checkbox"/> \$60,001 –\$80,000
<input type="checkbox"/> \$10,891- \$14,710	<input type="checkbox"/> \$22,351- \$26,170	<input type="checkbox"/> \$33,811- \$37,630	<input type="checkbox"/> \$45,001- \$50,000	<input type="checkbox"/> \$80,001 - \$100,000
<input type="checkbox"/> \$14,711- \$18,530	<input type="checkbox"/> \$26,171- \$29,990	<input type="checkbox"/> \$37,631- \$40,000	<input type="checkbox"/> \$50,001- \$60,000	<input type="checkbox"/> Over \$100,000

**How did you hear about us?**

☐ Website
 ☐ Crisis Line
 ☐ Hospital
 ☐ Doctor
 ☐ Nurse
 ☐ Other \_\_\_\_\_

☐ Family
 ☐ Friend
 ☐ Teacher
 ☐ School Counselor
 ☐ Community Health Fair
 ☐ Card/Pamphlet

<p><b>If Child is in DCS Custody</b></p> <p>Guardian or case manager Name: _____ Telephone: _____</p>	
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By signing this form, I authorize the Sexual Assault Center to contact the above listed person in the case of an emergency.

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the "Sexual Assault Center".  
**I also authorize the Sexual Assault Center or insurance company to release any information required to process my claims.** I understand that I am financially responsible for any balance. The insurance co-pay will be determined from information obtained from the insurance company. If the actual co-pay amount differs from the amount listed, I will be responsible for the difference.

**I understand that payment is expected on the day of each appointment before each session begins, and that I will be charged according to the Attendance Policy for missed appointments not cancelled 24 hours in advance.**

X \_\_\_\_\_  
CLIENT/GUARDIAN SIGNATURE DATE