Michael D. Chafetz, Ph.D., ABPP

3520 General DeGaulle Dr., #4098
New Orleans, LA 70114
504.362.8046; Fax: 362.2215

Board Certified in Clinical Neuropsychology
Licensed in Clinical Psychology and Neuropsychology

* * * *

Tell Us Your Basic Contact Information

Name: ________________________ Age: ____ Date of Birth: ___________ Sex: ____

Address: _______________________________ City: _______________, State: ______ Zip: _______

Other Mailing Address: ____

Phone Contact: Land: _______________; Cell: ________________; Work: ________________

Emergency Contact: ____________________________; Emergency Phone: _________________

* * * *

Tell Us Your Insurance Information
(if this is not a medicolegal evaluation)

Insurance Carrier: ____________________ Policy #: _____________ Member ID ________________

Health Group/Subgroup: ______________ Deductible: _____________; Remaining _____________

Member Name: ____________________ Plan: ________________ CoPay: _________

Other Insurance Information: ____

____