



# Behavioral Health Center

77 Court St. Bangor, ME

(207) 941-0879 • 1-800-499-0879

## Demographic Information

### Client Information

Patient Name	Date of Birth	Age/Sex ----/----	Marital Status	Today's Date
Address		City	State	Zip code
Home Phone	Work Phone	Social Security #		
Employer Name/School	Occupation	Spouse's Name		
Primary Care Physician Name and Address				
Are you currently receiving either mental health outpatient therapy or substance abuse services from another provider Y N If Yes, provider name and address:				

### Responsible Party & Emergency Contact Information

Guardian Name	Relationship to Client	Address	City	State	Zip code
Date of Birth	Social Security #	Home Phone	Work Phone		
Emergency Contact		Relationship to Client	Phone Number		

### Insurance Information

Do you have MaineCare Y N	MaineCare Number	Have you applied for MaineCare but have not received a card or number Y N			
<b>Primary Insurance</b>		Policy Number	Group Number	Name of Insured	
Relationship to Patient	Social Security #	Date of Birth	Employer	Occupation	
<b>Other Insurance</b>		Policy Number	Group Number	Name of Insured	
Relationship to Patient	Social Security #	Date of Birth	Employer	Occupation	

#### BILLING POLICY

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO BEHAVIORAL HEALTH CENTER FOR SERVICES NOT COVERED BY MY INSURANCE AND/OR MAINECARE.

Patient/Guardian Signature

Date

I HEREBY AUTHORIZE BEHAVIORAL HEALTH CENTER TO FURNISH INFORMATION REGARDING MY DIAGNOSIS AND TREATMENT FOR BILLING PURPOSES TO THE ABOVE INSURANCE CARRIERS AND/OR MAINECARE.

Patient/Guardian Signature

Date

#### CONSENT FOR TREATMENT

I HEREBY AUTHORIZE PERMISSION FOR TREATMENT BY PROVIDERS OF BEHAVIORAL HEALTH CENTER.

Patient/Guardian Signature

Date