Behavioral Health Providers, P.C.

1100 Cougar Trail Cary, IL 60013 | 321 Franklin St. Geneva, IL 60134
Email: bhproviders@gmail.com
* Phone 847-516-2538 * Toll Free 888-291-2538 * Fax 847-516-2510 *
www.bhproviders.com

ALL INFORMATION REQUIRED

Apt. Date:_____ Apt. Time:_____ Therapist:_____
Office:_____

Patient Information **Insured/Guarantor (If not patient.)**

Last Name:_____
LastName:_____
First Name: _____MI_____ First Name:_____MI_____
Age: _____ Birth date: _____Gender: _____ Relationship to Pt._____
Address: _____
Address:_____
_____
_____
Employer: _____ Home Phone:_____
Employer Address: _____ Cell Phone:_____
Work Phone:_____

Contact Method Consent

We will make every effort to preserve your privacy and will not use any type of communication listed below that you do not wish to be contacted
Please indicate your preference by a yes or no endorsement.

Email: _____ (Y) (N)
Cell Phone: _____ (Y) (N)
_____
Do not call: _____ OK to leave message: ____
Home Phone :_____(Y) (N
Do not call: _____ OK to leave message: _____

Birth date: _____Gender: _____
Social Security #_____
Insured's Employer_____
Employer's Address:_____

Insurance Information

Insurance Co:_____
Insurance ID#: _____
Group #:_____
Insurance Phone #:_____
Mental Health Insurance Carrier:_____

REV 3/27/26

Work Phone: _____(Y) (N) Phone #:_____
Do not call: _____ OK to leave message: _____

Client's Acknowledgement of Responsibility for Payment for Services

I understand that I am responsible for payment for services rendered to me by Behavioral Health Providers, P.C. regardless of whether I am reimbursed for these services by my insurance company and that any inaccuracy in information on this form may result in nonpayment by my insurance company. I have obtained preauthorization from my insurance company if it is a requirement to receive benefit.

If there are any changes in your insurance coverage you must notify us immediately. Failing to do so can result in delay in insurance processing and/or additional out-of-pocket costs.

_____ _____
Signature Date