gulfcoast BEHAVIORAL HEALTH
1938 SOULE ROAD, CLEARWATER, FL 33759 Ph. (727) 726-7442 F. (727) 288-1111 www.gulfcoastbh.com

GROUP HOME PATIENT INFORMATION

Patient's First name:	Middle:	Last:

Preferred name:	Social Security no.:	Birth date:		Sex: ○ M ○ F

Address:

Group Home Name:	Group Home Phone:	Group Home Fax:
Group Home Manager:	Group Home Med Contact Person:	Group Home Med Contact Phone:

Is patient legally able to consent: YES NO	Guardian's Name:

Guardian address and phone:

INSURANCE INFORMATION

The office does not take Medicaid. If your client has insurance other than Medicaid, please provide this information below.

Person responsible for billing & payments:	Birth date:	Address (if different):	Phone no.:

Please indicate primary insurance:

Subscriber's name:	Subscriber's address:	Birth date:	Group no.:	Policy no.:

Patient's relationship to subscriber:

Please advise staff if patient has secondary insurance.

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. **If I am not covered by insurance the self-pay will be due at time of service.** I also authorize Gulf Coast Behavioral Health or insurance company to release any information required to process my claims.

Patient/Guardian Signature _____ Date _____