

Client ID# _____

Midwest Behavioral Care, Ltd.

Administrative Office

Administrative Office: 3821 Little York Road
 Dayton, Ohio 45414
 Phone: (937) 454-0092
 Fax: (937) 264-1101

CLIENT IDENTIFICATION FORM

Name		
Address		
City	State	Zip Code
Home phone	Is it ok to leave a message at the above number(s)? Y N If no, please let us know which number(s) are not okay.	
Cell phone		
Work phone		
Date of Birth	Social Security number	
Sex	Driver's License number	Marital Status
Employer	Employer address	
Physician's name	Physician's address	
In case of emergency, whom may we contact not living with you		
Address	Home phone	Work phone
Have you been seen at Midwest Behavioral Care previously?		

PERSON RESPONSIBLE FOR PAYMENT

Full legal name <i>(first)</i>	<i>(middle)</i>	<i>(last)</i>
Address		
City	State	Zip Code
Alternative mailing address		
City	State	Zip Code
Home phone	Work phone	Extension
Alternative phone number you can be reached at		
Social Security number	Driver's License number	
Employer	Employer address	

INSURANCE

Insured's name		
Address		
City	State	Zip Code
Home phone	Work phone	Extension
Date of Birth	Social Security number	Sex
Relationship to Patient		
Employer		

INFORMATION ABOUT INSURANCE COMPANY

Insurance Company		
Claims Address		
City	State	Zip Code
Mental Health Member Services Phone Number		
Policy ID#	Group #	Co-payment (\$ or %)

Therapist Use Only. Do Not Complete.

Therapist _____	Diagnosis Code _____	Office Location _____
CPT-IV Code _____	Referred by _____	