

**Palmetto Behavioral Health Solutions**

2900 Evatt Lane Suite 106 \* Charleston, SC 29405

Phone (843)745-5153 \* FAX (843)747-8080

**PATIENT INFORMATION:**

Name: \_\_\_\_\_

(last)

(first)

(MI)

Sex: ( ) Male ( ) Female Marital Status: ( ) Single ( ) Married ( ) Divorced ( ) Other

Race: ( ) American Indian ( ) African American ( ) Caucasian ( ) Hispanic ( ) Other

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Alternate Phone (parent or guardian if patient is minor): (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Employment Status: ( ) Unemployed ( ) Full-time ( ) Part-time ( ) Student

If employed, name of employer: \_\_\_\_\_

How were you referred to our office: \_\_\_\_\_

**GUARANTOR INFORMATION:**

Guarantor Name/Relationship: \_\_\_\_\_

Guarantor Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Guarantor Phone: \_\_\_\_\_

Emergency Contact Name/Relationship/Phone: \_\_\_\_\_

**INSURANCE INFORMATION**

Primary Insurance Company: \_\_\_\_\_ Secondary Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_\_\_ Policy Holder's Date of Birth: \_\_\_\_\_

We will file your primary policy as a courtesy to you. However any balance with a policy in which we are not a participating provider and does not submit payment within 90 days of date of service, will become patient liability. It is your responsibility to know and understand your insurance benefits, including any and all co-pays, co-insurance and deductibles. We accept MasterCard, VISA, cash or personal checks. *There is a \$32.50 charge for all returned checks.* If you have concerns about any patient liability, please let us know. We may be able to arrange a payment agreement to suit your needs.

\_\_\_\_\_  
Signature of Account Guarantor

\_\_\_\_\_  
Date