Natural Behavior Solutions

General Patient Information

Patient Name_____ DOB_____ Gender_____

Parent Names_____

Home phone_____ Cell_____ Work_____

Email_____

Address_____

_____

School/Grade_____

Medical and Psychological Info (diagnosis and by whom)_____

Other therapies_____

Availability for sessions (times and location): _____

Locations of need (circle) Home School Community

Payment Method

Insurance: We are in-network and accept the following coverage: Tricare, Medicaid, CMS Title 21, Florida Blue, Blue Cross Blue Shield, CDC Waiver, Gardiner (PLSA), Aetna, Magellan, Staywell, and Sunshine Health.

Private Pay: We also take all forms of credit cards, HSAs, as well as personal checks.

Payment Method: _____

Insurance ID_____Policy holder and DOB_____

Insurance active date_____