

865 Eisenhower Blvd.
Johnstown, PA 15904

Behavioral Health

Pediatric Care Specialists

814-266-8840
fx 814-266-4922

Client Information + 18 yrs

Patient Name _____ **DOB** _____ **SS#** _____ - _____ - _____
Address _____ **City** _____ **ST** _____ **ZIP** _____
County _____ **Place of Employment** _____
Phone _____ **Cell Phone** _____ **Work Phone** _____
Email Address _____

Insurance Information

Primary Insurance _____ **ID#** _____
Responsible Party Name _____ **DOB** _____ **Relationship** _____
Address _____ **City** _____ **ST** _____ **ZIP** _____

Secondary Insurance _____ **ID#** _____
Responsible Party Name _____ **DOB** _____ **Relationship** _____
Address _____ **City** _____ **ST** _____ **ZIP** _____

Tertiary Insurance _____ **ID#** _____
Responsible Party Name _____ **DOB** _____ **Relationship** _____
Address _____ **City** _____ **ST** _____ **ZIP** _____

I give my permission for Pediatric Care Specialists / Behavioral Health to contact and speak with the subscriber of the insurance I am covered under regarding any questions and/or concerns about the insurance.

I acknowledge that all information provided is true and accurate. I must present the insurance cards and confirm the patients physical address at every visit. I understand that services may be terminated at any time if information is found to be inaccurate or withheld.

X _____ **Print** _____ **Date** _____