

# Healthy Bodies, Healthy Minds Registration Form

Located at:

**Bayside Counseling**

**1921 Boston Post Rd #207 Westbrook, CT 06498  
(860) 399-9500 www.baysidecounseling.net**

Please fill out the form below and mail it back to the address above.

Child/Teen Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Child/Teen Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Are there any allergies we need to be made aware of with food:

\_\_\_\_\_

How did you hear about the group? \_\_\_\_\_

**Healthy Bodies, Healthy Minds is an 8 week group at \$30.00 per session at a self-pay rate. State and commercial insurance are accepted. Please check which option of payment you prefer:**

I would like to self-pay \_\_\_\_\_

I would like to use my insurance \_\_\_\_\_

**If you have state or private commercial insurance that you would like to use please provide the required information below:**

Insurance Company: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_ Group/Policy#: \_\_\_\_\_

Name of person who carries Insurance: \_\_\_\_\_

The insured person's Date of Birth: \_\_\_\_\_

Phone # on card for Behavioral/Mental Health Services or Provider Services:

\_\_\_\_\_

Insured Person Home Address and Home Phone# (if different from above):

\_\_\_\_\_

**Note: Cigna Insured clients must self-pay for the group. All clients using commercial insurance are responsible to pay their co-pay or pay \$30.00 each session towards their deductible as authorized through each individual plan.**

Please inform us of any special needs, mental health, or medical concerns we should know about.

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