

# Healthy Bodies, Healthy Minds Registration Form

Located at:

**Bayside Counseling**

**1921 Boston Post Rd #207 Westbrook, CT 06498**

**(860) 399-9500 [www.baysidecounseling.net](http://www.baysidecounseling.net)**

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

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

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

Child 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 \$40.00 per session at a self-pay rate. Most insurance is 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 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: All clients using commercial insurance are responsible to pay their co-pay or pay \$40.00 each session towards their deductible as authorized through each individual plan.**

Please inform us of any special needs or medical concerns you would like us to know about. Are there any specific topics you would like addressed in the group regarding your child's needs? \_\_\_\_\_

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