



1513 Union Ave, Suite 2500
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PATIENT REGISTRATION & BILLING INFORMATION

TODAY'S DATE_____

Patient Information

Name:_____ Preferred Name:_____

Date of Birth:(MM/DD/YYYY)_____ Age_____ Gender ___M___ F___ NB

SSN or DL #_____

Mailing Address:_____

Email:_____

Phone:_____

Calls/emails will be discreet - please indicate any restrictions

Emergency Contact Information

Name:_____ Relationship:_____

Phone:_____

Name:_____ Relationship:_____

Phone:_____

Responsible Party/Guarantor Information

Name:_____ Preferred Name:_____

Date of Birth:(MM/DD/YYYY)_____ Age_____ Gender ___M___ F___ NB

SSN or DL #_____

Mailing Address:_____

Email:_____

Phone:_____

Primary Insurance

Policy Owner/Subscriber_____

Plan Name_____

Member ID _____ Group ID _____

Secondary Insurance

Policy Owner/Subscriber_____

Plan Name_____

Member ID _____ Group ID _____

Explanation of Insurance and billing information

In-network Coverage: Please contact your insurance provider for applicable copays and deductibles prior to your visit with us. OHBHS will make every reasonable effort to provide you with accurate information regarding your expected copay and deductible information and collect those fees at the time of your visit. Since we do not always have accurate information at the time of your visit, you may owe a balance or be owed a refund, based on the information from the processed claim. The balance for in-network coverage will be determined by your insurance provider. Contact your insurance provider before your visit to understand applicable copays and deductibles.

- OHBHS will try to provide accurate information and collect fees during your visit.
- Due to potential inaccuracies, you may owe a balance or be owed a refund based on processed claim information.
- In-network coverage balances are determined by your insurance provider.

Overpayment on account - In the event there is a credit balance on your account (we owe you money), the responsible party has the option to request in writing that the refund amount be paid directly to them or to be applied to the credit balance for future co-pays. This may take up to 10 business days for processing and distribution of a check.

- The responsible party can request a refund for a credit balance on their account.
- The refund can be paid directly to them or applied to future co-pays.
- Processing and distribution of a check may take up to 10 business days.

Out of network coverage: patients will be billed the full amount for services and receive a super bill for reimbursement purposes. OHBHS does not submit claims on your behalf or guarantee reimbursement for out-of-network services.

Let us help you find your solutions!