

# Orion Behavioral Health Network – Annual Demographics Update

**Demographics:** Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Best contact method for reminders: \_\_\_ Text \_\_\_ Email (Please check one)

Cell Phone #: \_\_\_\_\_ Name of parent/guardian: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Name of parent/guardian: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

## **Insurance:**

Name of Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Co – Pay: \_\_\_\_\_ \*\*Need to have copy of current insurance information on file\*\*

Name of Secondary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Co – Pay: \_\_\_\_\_

\*\*OBHN is no longer accepting Medicaid for talk therapy. If you have a private insurance with Medicaid secondary, you likely will have a co-pay for therapy services that will be your responsibility.\*\*

**Custody:** Who has legal custody of the patient? \_\_\_\_\_

**No Show/Late Cancel Policy:** A \$50 fee may be assessed for appointments that are No Showed or are cancelled within 48 hours of appt.

The Alaska state medical board has issued a directive that the treating physician during a telemedicine encounter request that the patient consent to sending a copy of the records to the patient's primary care provider. OBHN is requesting this of you on their behalf. Any release of your records is voluntary and at your discretion. If you choose to release information to your primary care physician, please provide an Release of Information form.

## **Guarantor Information:**

Relationship to Patient: \_\_\_\_\_

(Example: Biological Parent, Step Parent, Adoptive Parent, OCS/Guardian)

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

*Guarantor responsibility:* Payment for all professional services rendered is the responsibility of the patient, parent, or guardian. When the patient has insurance that is reasonably expected to contribute toward payment for services, Orion Behavioral Health Network will assist in the preparation and submission of insurance claims. However, the Guarantor is responsible for all fees regardless of insurance coverage. Payment for all services, is due when services are rendered. Payment of coinsurance and deductible is done based on reasonable estimate. If additional funds are required after the insurance claim has been processed, any balance will be billed to the Guarantor. If the insurance company fails to process claims within 45 days from the date of service, the balance due may be collected from the Guarantor. If insurance issues arise, it is the responsibility of the Guarantor to contact the insurance company, group plan administrator, or employer representative for resolution. A patient's insurance policy is a contract between the patient and the insurance carrier.

## **HIPAA Annual Signature:**

I hereby acknowledge receipt of Orion Behavioral Health Network's Notice of Privacy Practices. I understand that the Notice describes how my personal protected health information may be used and disclosed, as well as how I may gain access to my protected health information.

\_\_\_\_\_  
Parent/Guardian Signature (if patient under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature (if 18 or older)

\_\_\_\_\_  
Date