SantagatiTherapy.com
DonnaSantagati@gmail.com
465 Waverley Oaks Road, 4th Floor Suite 416, Waltham, MA 02452
(773) 860-7770

NEW PATIENT INFORMATION

Name (First, Last):_____DOB:____/____/____
(name as written on insurance card)

Current Home/Living Address:_____

Town:_____State:_____Zipcode:_____

Email:_____ o.k. to leave email? _____

Cell Phone:_____o.k. to leave message? _____

*Primary Address Listed with Insurance Co (if different):_____

Emergency Contact:_____Relation:_____Phone #:_____

*Initial; I agree to contact this person in emergency and/or as clinically indicated:_____

Insurance Information: Client is responsible for checking out of network benefits.

PRIMARY Health Insurance Company:_____

Policy Member ID Number:_____

GroupNumber:_____

Insurance Co. Claims Address :_____
(behavioral/mental health paper claims for MA, as seen on card)

Insurance Co. Claims PAYER ID:_____
(behavior/mental health electronic claims for MA; call them if not visible on your card.)

Insurance Co. Provider Phone Number:_____
(number for behavioral/mental health providers as listed on card)

***If applicable; client are responsible for submitting secondary claims to Secondary Insurance Co.

Payment Information on File

Credit/Debit Card Number:_____Exp:___/___/___Code: _____Zip:_____

*Signature; I agree to charge this card for past due invoices: _____