

Behavioral Health Connecticut
Patient Registration Form

[] Aetna PPO Hartford Hospital Employees

Patient Information

Patient's ID/SS Number: _____

Patient's Name: _____

Patient's Date of Birth: _____

Patient's Address: _____

Group Number: _____

Provider Information:

Provider Name & Credentials: _____

Provider's Address: _____

Provider's Phone: _____ Fax #: _____

Provider Tax ID Number: _____

Diagnosis Code (5 digit DSMIV code): _____

Medication Management Only (90801 + 90862): [] Yes

Outpatient Office Visits (excluding 90862): [] Yes

First Date of Visit Under This Insurance: _____

Please note: Psychological Testing, Intensive Outpatient, Partial Hospital and all other inpatient/facility bases services will require prior authorization. Please call for confirmation.