SAHARA BEHAVIORAL HEALTH

Satinder S. Purewal, MD LLC
6677 W. Thunderbird Rd, Suite I-164
Glendale, AZ 85306 Ph: 623-878-2100

Date: _____ Last Name: _____ First Name: _____ MI: ____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: _____Gender: Male or Female Email_____

Employer: _____ Occupation: _____

Address: _____ City: _____ State: ____ Zip: _____

Work Phone: _____

Emergency Contact: _____ Relationship: _____

Contact Number: _____ Referred by: _____

AUTHORIZED PERSONS TO DISCUSS YOUR:

ACCOUNT / TREATMENT / MEDICAL RECORDS

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

PRIMARY INSURANCE INFORMATION

Insurance Plan: _____

Address: _____ City: _____ State: ____ Zip: _____

Owner: _____ Relationship: _____

Policy #: _____ Group #: _____ Social Security #: _____

SECONDARY INSURACE INFORMATION

Insurance Plan: _____

Address: _____ City: _____ State: ____ Zip: _____

Owner: _____ Relationship: _____

Policy #: _____ Group #: _____ Social Security #: _____

INSURANCE RELEASE & CONSENT TO DISCUSS WITH AUTHORIZED PERSONS

I authorize and request that payment under my insurance program/s be made directly to Sahara Behavioral Health for any services furnished to me. I also authorize the provider to release any information needed for the payments of claims. I further permit copies of this authorization to be used in place of the original.

Patient or Guardian Signature: _____ Date: _____