



New Approaches

FIND YOUR WAY

361 US Route 1
Falmouth, Maine 04106
www.newapproachesme.com

Client Name: _____

Street Address: _____

City/State/Zip: _____

Phone (h): _____ (w): _____ (cell): _____

Date of birth: _____

Responsible party name:
(if other than patient) _____

Relation (circle one): SPOUSE CHILD OTHER Date of Birth: _____

Primary
Insurance information: (CIRCLE ONE) ANTHEM CIGNA AETNA HARVARD HEATHPLANS UNITED HEALTHCARE COMMUNITY HEALTH OPTIONS

ID/CERT #: _____ Group: _____ COPAY: \$ _____

Secondary
Insurance information:

ID/CERT #: _____ Group: _____

Insurance policy Subscriber Name:
(if other than patient) _____ Date of Birth: _____

EMERGENCY CONTACT: _____ Phone number: _____

We offer a newsletter with upcoming workshops, discussion groups, as well as our latest articles on the New Approaches Blog. Would you like to sign up for our email list?

Email address: _____