

Wayne Behavioral Service, LLC
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Wayne, NJ 07470
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Due to recent change/up-grades regarding insurance company requirements, the following information is needed in order to process your claims for services rendered.

Check here if...

☐ I am the patient AND the policy holder.

Plan/Policy Holder's information if the **patient is the MINOR CHILD OR ADULT CHILD** of the plan holder.

Parent's (Plan Holder's) Name: _____

Plan Holder's Date of Birth: _____

Plans Holder's Social Security Number: _____

Plan Holder's Address: (If different from patient's)

Plan/Policy Holder's information if the **patient is the SPOUSE** of the plan holder.

Spouse's (Plan Holder's) Name: _____

Plan Holder's Date of Birth: _____

Plans Holder's Social Security Number: _____

Plan Holder's Address: (If different from patient's)

