



Health Affiliates Maine
OUTPATIENT
New Client Enrollment

Check Status of Enrollment :			
New Client	Re-Open	Information Update on Current Client	
Full Name:			Birth Date:
Gender:	Social Security Number:		
Phone Number:		Is client a DHHS Class Member? Y N	
Address:			
City :		State:	Zip:
Guardian Name:		Relationship to Client:	
Primary Mental Health/Substance Abuse Disorder from DSM 5 (Code & Description):			
Select Billing Code :	H0004: Individual/Family	H0004HQ Group	
	H0004: Substance Abuse Individual/Family	H0004HQ Substance Abuse Group	
	H0004HH: Co-Occurring Individual/Family	H0004GT Tele-Counseling	
Clinician Printed Name and Credentials:		Clinician Phone Number:	
Clinician Signature:		Signature Date:	
Please Include a Copy of All Insurance Cards			
MaineCare only	Medicare/MaineCare	Private Insurance/MaineCare	
MaineCare Information			
MaineCare No.:			
MaineCare Verification Date:		Non-Cat. Status:	
Eligibility Dates:		Limited Status:	
SS w/PA:		Other:	
3 rd Party Information:			
Medicare or Private Insurance Information			
Insurance Provider:		Prior Authorization Received:	Y N
Policy Number:		Group Number:	
Copay Amount:		Deductible Amount:	
Below for Office Use Only			
APS Case ID:		Staff initials:	
H2000	Start Date:	End Date:	Units:
H0004	Start Date:	End Date:	Units: