



Renovate Mental

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12410 Milestone Center Dr, Suite 600  
Germantown, MD 20876  
Phone/Fax: 301-828-2350  
customerservice@renovatemental.com

## PATIENT REGISTRATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

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## INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_

Member Name on Card: \_\_\_\_\_

Policy ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

RxBIN: \_\_\_\_\_