

*Metro Behavioral Health Associates*

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New York, NY 10003  
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2 Overhill Rd, Suite 400  
Scarsdale, NY 10583  
914-907-2600

**PATIENT INFORMATION**

Patient Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Home Tel. ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Business or Other Number: \_\_\_\_\_  
If under age 18, parents' cell number(s): \_\_\_\_\_  
If under age 18, parents' work number(s): \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

School You Attend (if applicable): \_\_\_\_\_ Grade/Year: \_\_\_\_\_  
Occupation (if applicable) : \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

Responsible Party/Financial Guarantor: \_\_\_\_\_ myself \_\_\_\_\_ other (see below)  
Name \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Address (if different than patient) : \_\_\_\_\_  
Guarantor Social Security Number if other than patient: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**If there is a medical or mental health emergency while under the care of Metro Behavioral Health Associates, please call:**  
Name: (print) \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Tel: (\_\_\_\_) \_\_\_\_\_ Alternate #: (\_\_\_\_) \_\_\_\_\_

**PAYMENT AND CANCELLATION POLICIES**

1. You are responsible for all fees, which are *due and payable at each session* unless some other arrangement has been made in advance.
2. If you are unable to give 24 hours notice of an appointment cancellation, you will be responsible for the full fee for the missed session. (Cancellations over the weekend require 48 hrs as they do not include Sunday)
3. We do not participate with managed care but if you have out-of-network benefits, we will be happy to provide submittal receipts on a monthly basis or at some other interval that is convenient for you.

My signature below that indicates that I have read & understood the Payment/Cancellation Policies.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**Parent or Guardian if under age 18**

**Date**