SimiTree
BEHAVIORAL HEALTH

Address Information

[Please copy this page and complete for each additional address, or if your preferred mailing address differs from your office address(es)]

Location Information

☐ Payments / Correspondence / Mailing Address ☐ Office (Physical) Address

Legal Entity Name: _____ **DBA Name:** _____

Address Street #: _____ **Address Street Name:** _____ **Address Suite #:** _____

City: _____ **State:** _____ **ZIP:** _____ **County:** _____ **Country:** _____

Office Phone #: _____ **Mobile Phone #:** _____ **Fax #:** _____

Please indicate and explain your procedure for ensuring that clients have 24 hour access to clinical services. _____

Beeper: _____ **Share Call:** _____ **Answering Service:** _____

Office Email: _____ **Office Manager:** _____

Start Date (mm/dd/yy): _____ **Languages Spoken:** _____
(at this location)

Office Hours:
Mon: _____ **Tues:** _____ **Wed:** _____ **Thurs:** _____ **Fri:** _____ **Sat:** _____ **Sun:** _____

Is this office ADA Handicapped Accessible?: ☐ Yes ☐ No
(If yes – please complete attached ADA Attestation)

Building: ☐ Yes ☐ No
Parking: ☐ Yes ☐ No
Restroom: ☐ Yes ☐ No

Accessible to Public Transportation: ☐ Yes ☐ No

Bus: ☐ Yes ☐ No
Subway: ☐ Yes ☐ No
Train: ☐ Yes ☐ No