



2700 Westside Drive, Ste 204  
Cleveland, TN 37312  
Phone: 423.476.3711  
Fax: 423.476.3718

Dear Patient,

Thank you for choosing Behavioral Health of Cleveland, a SkyRidge Health Partner. Please see the attached appointment confirmation for your appointment date and time.

We have enclosed directions to Behavioral Health of Cleveland for your convenience. Please bring the following to your first office visit:

- All forms in this packet **completed in full and signed**. If the patient is a minor, please complete the registration forms by listing the information of the legal guardians.
- If you are the legal guardian, please bring copies of your guardianship papers for our records.
- All insurance cards and a photo identification card. **These are both requirements to be seen. If you are unable to provide both of these at the time of service, your appointment will be rescheduled.** If you have more than one policy, please bring all cards. When completing your registration forms, please ensure you are listing the information of the policy holder if it is someone other than the patient.

**Failure to arrive on time for your appointment, with the required materials, will result in your appointment being rescheduled.**

**If you are unable to attend your scheduled appointment, please be courteous and notify our office 24 hours in advance. If you are a new patient and you do not cancel your appointment within the required time frame or you do not show, we will not be able to reschedule you in our office.**

It is your responsibility to confirm appointment coverage with your insurance carrier. If your insurance requires a referral, you must obtain this prior to your appointment from your primary care physician.

If you have questions, please do not hesitate to contact our office. Thank you for trusting us with your care.

*Behavioral Health of Cleveland Staff*