

Bridging XVII Counseling Center Insurance Information

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Phone: 706-496-1010

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www.bridgingXVIIcounseling.com

Last name _____ (as it appears on your insurance card)

First name and middle initial _____ Date of Birth _____

Home phone _____ Cell phone _____

Address _____

City, State _____ Zip Code _____

Primary Insurance _____

Phone number _____

Policy Name (if applicable) _____

ID number _____

Medicaid number if applicable _____

Group number _____

Deductible _____ Deducible Met _____

Co-pay or Co-insurance amount _____

Secondary Insurance _____

Phone number _____

ID number or _____

Group number _____

Office Use Only

Intake Date _____

DX _____