

If you cannot send a copy of your insurance card, please fill out the information below:

Name of Insurance Company (United, Anthem, Cigna, etc): \_\_\_\_\_

ID number (member ID, subscriber ID, NOT plan ID) \_\_\_\_\_

Group # \_\_\_\_\_

Provider customer service phone number (typically found on the back of the card)

\_\_\_\_\_

Customer service phone number: \_\_\_\_\_

Mental health/Substance Abuse/Behavioral Health phone number:

\_\_\_\_\_

Address for claims:

\_\_\_\_\_  
\_\_\_\_\_