

# ACAPS

Appalachian Counseling and Psychological Services, Inc.



## Insurance Card Form

One Oak Plaza, Suite 208, Asheville, NC 28801

Phone: 828-575-9760 Fax: 828-575-9761

<https://www.acaps-nc.org>

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please attach a copy of the front and back of your insurance card to this form and return to our office. This will ensure we have the correct information to file your claim with your insurance company after your visit.

Front of Card

Back of Card