



Insurance Card Form

One Oak Plaza, Suite 208, Asheville, NC 28801
Phone: 828-575-9760 Fax: 828-575-9761
www.apppsych.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