1400 Buford Hwy NE C1 l Sugar Hill Ga, 30518 l Phone (470) 326-5455
Send Completed PDF Form To Email: support@justhealcounseling.com
Appointments are usually granted within 2-4 business days

CLIENT: First Name:_______________________ Last Name: ____________________________ DOB:__________________

If minor, CAREGIVER/PARENT: First Name:________________________ Last Name:__________________________

Street Address: ____ City: ___________________ State: GA Zip: __________

Primary Contact #:___________________________ Secondary Contact #:________________________

Email Address: ____

I Consent Permission for Just Heal Counseling to Contact via email to send PHI. I also understand that even with consent, emailing ePHI using an unencrypted email platform is taking a risk.

Insurance Company Name _______________________________________ Member's ID Number: ________________

PLAN CODE:_______ Provider Relations 1-800 # on back of card:____

Name of the primary insurance holder (subscriber): ______________________________________ DOB:____________

Do you wish to use EAP? If so, who is the Program Administrator (if different from above): _______________________

Authorization #:_______________________ # Sessions:___________ Effective Dates:___________________________

Is your behavioral health benefit offered through a third-party provider. (ex. Optum, Health Advocate Solutions, etc)

Yes ☐ No ☐ Name of Provider:____

Provider Services Contact Phone Number : ____

When submitting this form, please include a copy of the front and back of your insurance card. Thank you!

What brings you into Therapy? ____

Would You Like To Receive Monthly Newsletters? Yes Please No Thanks

How or where did you hear about Just Heal?____

Therapist Preferred: **Shamika B Packer** **Maggy Simpson** **Delancey Fortin** **Intern**

FOR OFFICE USE ONLY:

Insurance Verified: ☐ **N/A: No Insurance/ Self-Pay**

Self-Pay Rate:___________ ☐ **Behavioral Health/Regular** ☐ **EAP** ☐ **FEP**

☐ **In-network Benefits:** ☐ **Out of Network benefits:**

Call Reference #:__________________________ Agent:_____________________ Date verified:_____________