

# REFERRAL FORM



## GROWING TREE

COUNSELING CENTER, PLLC

715 Fairgrove Church Rd SE, Ste 202

Conover NC 28613

From: \_\_\_\_\_

Fax: \_\_\_\_\_

Pages (including cover): \_\_\_\_\_

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Insurance (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Aetna            | <input type="checkbox"/> Medicaid      |
| <input type="checkbox"/> Am. Healthcare   | <input type="checkbox"/> Military One  |
| <input type="checkbox"/> BCBS             | <input type="checkbox"/> PHCS          |
| <input type="checkbox"/> Cigna            | <input type="checkbox"/> PPC           |
| <input type="checkbox"/> ComPsych         | <input type="checkbox"/> Tricare       |
| <input type="checkbox"/> Health Choice    | <input type="checkbox"/> UBH           |
| <input type="checkbox"/> Inclusive Health | <input type="checkbox"/> Value Options |
| <input type="checkbox"/> Magellan         | <input type="checkbox"/> Well Path     |
| <input type="checkbox"/> Medcost          | <input type="checkbox"/> Other: _____  |

### PHONE:

828-638-5907

### FAX:

828-322-2280

### EMAIL:

support@grow-nc.com

### WEB:

www.grow-nc.com

Notes: \_\_\_\_\_

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of  
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