

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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**Creating a World
of
Realized Potential**

