



Welcome To Greenwoods Counseling Referrals

We are here to assist you in finding the help you need to cope with the mental health or related problems you or your family may be facing. All information you share with us is entirely confidential.

A member of our clinical team will meet with you today. You will be given the name and contact information for one or more professionals in our Provider Network. As independent contractors and consultants, they are all solely responsible for the quality of their work and their approach to working with you.

Greenwoods' staff have personally interviewed all of our providers and we continually review our paperwork to ensure they are currently licensed and have appropriate insurance.

Our mission at Greenwoods Counseling Referrals, Inc. is to provide access to high-quality and affordable mental healthcare and related social services for individuals and families.

We will request a copy of your insurance card at the time of your visit to assist us in making the appropriate referral. You will not receive an invoice for today's intake service.

Insurance Information:

Client Name: _____ **Client Date of Birth:** ____/____/____

Insurance Status: Insured Uninsured Other: _____

Name of Insurance Company: _____

Do you have a specialist copay? Yes No If yes, copay amount: \$:_____

Insured Name: _____

Insurance I.D. / Member #: _____ **Group #:** _____

Insured Date of Birth ____/____/____ **Insured Phone:** _____

Are You Requesting Financial Assistance: YES NO

Reason: _____

Client Signature: _____ **Date:** _____