

Perspective Counseling & Consulting, PLLC
18789 N Reems Road Suite 260
Surprise AZ 85374

BlueCross BlueShield of Arizona Insurance Form

Clients Name: _____ DOB: _____

Client's Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ SSN: _____

Member Information

Name: _____ SSN: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ SSN: _____

Member ID: _____ Group No: _____

Address: _____

City: _____ State: _____ Zip: _____

Customer Service Phone Number: _____

I understand that completing the above information does not guarantee coverage and eligibility for benefits. Certain health services may require pre-certification. If this occurs I understand I am responsible to bring my account balance into good standing which indicates a zero balance with the use of the credit card on file.

Client Signature

Date

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