

# Insurance Submission

Email this form to [admin@oneheartt.org](mailto:admin@oneheartt.org). Also attach a copy or picture of the front and back of your insurance card and government ID.

*For Documents*

**+** Upload Front of Insurance Card

Upload supported file (Max 15MB)

*For Documents*

**+** Upload Back of Insurance Card

Upload supported file (Max 15MB)

*For Documents*

**+** Upload Gov Issued ID

Upload supported file (Max 15MB)

*For Pictures*

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Upload supported file (Max 15MB)

*For Pictures*

**+** Upload Gov Issued ID

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*Type of Referral \**

- ☐ Self
- ☐ Parent/Guardian
- ☐ Professional
- ☐ Professional-Non Therapeutic

*Today's Date*



*Primary Insurance #*

*Patient First Name*

*Patient Last Name*

*Services requested*



*Birthday*



*Does the patient have secondary insurance \**

- ☐ Yes
- ☐ No

*Gender*

*Does the patient have a guardian? \**

- ☐ Yes
- ☐ No

*Address*

*Phone*

*City, State, Zip*

*Email*

*Living Situation*

*Employment Status*

*Do you have the primary care info? \**

- ☐ *Yes*  
☐ *No*

*Marital Status*

*Are you a hurricane victim? \**

- ☐ *Yes*  
☐ *No*

*Is the patient of Hispanic or Latin origin? \**

- ☐ *Yes*  
☐ *No*

*Is the patient currently receiving mental health treatment? \**

- ☐ *Yes*  
☐ *No*

*Has the patient participated in a self-help group in the past 30 days? \**

- ☐ *Yes*  
☐ *No*

*Highest level of education completed*

*Is the patient a veteran? \**

- ☐ *Yes*  
☐ *No*

*Any arrests in the past 30 days? \**

- ☐ *Yes*  
☐ *No*

*Is the patient pregnant? (Female only)*

- ☐ *Yes*  
☐ *No*

*Upload additional document*

**+ Upload File**

Upload supported file (Max 15MB)

*Narrative of patient history and symptoms required for all assessments*