



1370 Bedford Drive, Suite 106, Melbourne, FL 32940
Phone: (321) 253-8887 Fax: (321) 253-8878

Insurance Information (Please bring in/upload copies of insurance cards):

Patient's Name _____ Patient's Date of Birth ____/____/____

Primary Insurance: _____ Employer: _____

Primary Cardholder Name: _____ Relation: _____

Primary Cardholder SSN: _____ - _____ - _____ Date of Birth: ____/____/____

Policy Number: _____ Phone Number: () _____ - _____

Secondary Insurance: _____ Employer: _____

Primary Cardholder Name: _____ Relation: _____

Primary Cardholder SSN: _____ - _____ - _____ Date of Birth: ____/____/____

Policy Number: _____ Phone Number: () _____ - _____

After Baytree Behavioral Health has been able to verify your insurance coverage, our support team will send you intake paperwork to complete. Once we receive that, you will be contacted to schedule the first appointment.