Soul Reflections Christian Counseling, LLC
Brandy L. Brown M.A., LPCC
1115 Bethel Rd.
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740-803-1273
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Client Insurance and Emergency Contact Information Sheet:

Insurance information:

Insurance Provider:_____

Name of Insured:_____

D.O.B of Insured:_____

Address:_____

City, State, Zip:_____

Group#:_____

Member I.D.#_____

Have you confirmed your benefits for Mental Health?:_____

Copay amount:_____

Employer: _____
Work phone:_____ (ok to leave a message: Y/N)

Emergency Contacts (please list at least one):

1.) Name/Relationship_____ Phone Number:_____

2.) Name/Relationship_____ Phone Number:_____

3.) Name/Relationship_____ Phone Number:_____