

Family Psychiatry of Georgia

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IF YOUR INSURANCE HAS CHANGED,
PLEASE FILL THE FOLLOWING INFORMATION SHEET & FAX/EMAIL IT TO THE OFFICE PRIOR TO
APPOINTMENT:

Name: _____

Date of Birth: _____

Address: _____

Preferred Contact phone / Cell # : (_____) _____

E-mail: _____

Preferred method of reminder: email vs text?

PRIMARY INSURANCE INFORMATION: (please bring Card)

Name: _____

Address: _____

Phone: (_____) Fax : (_____) Policy

Polivcy No: _____ Group No: _____

Copay (if any): \$ _____ vs _____ %age Co Ins: %

GUARANTOR _____

RELATIONSHIP TO GUARANTOR _____

Pharmacy INFORMATION:

Name: _____

Phone: (_____) Fax : (_____)

Address: _____