



HERMITAGE HALL RESIDENTIAL TREATMENT CENTER

1220 8th Avenue South, Nashville, TN 37203 · Ph: 615.742.3000 · Fax: 615.250.2388

Date _____

Please include a copy of **BOTH** the front and back of all insurance cards.
This information requested below is to verify insurance benefits.

(Print Legibly)

Name of Youth being referred: _____

Date of Birth: _____ SSN: _____

Legal Guardian _____

Phone Number(s) _____

Name of Insured Party: _____

(Name on Insurance Card / Subscriber's Name)

Insured DOB: _____ Insured SSN: _____

Insurance Carrier: _____

(Aetna, BCBS, Cigna, etc.)

Identification Number: _____

Group Number: _____

Subgroup Number: _____

Relationship to Youth: _____

(Parent, Grandparent, etc.)

Street Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number(s) _____

Phone Number Listed on Card for Providers to Call: _____

Address Listed on Card: _____

City: _____ State: _____ Zipcode: _____

www.HermitageHall.com