



Accelerate Counseling & Consulting, PLLC
2525 Raeford Road, Suite B
Fayetteville NC 28305

For INSURANCE PURPOSES

Your Name _____ Date of Birth _____

Insured's Name _____ Date of Birth _____

Relationship to Insured _____

Employer _____

Primary Insurance Company Name _____

Company Address _____

Company Phone Number _____

Insured's ID Number _____

Insured's Policy Group _____

Insured's Plan Name _____

Co-payment amount (if any) \$ _____

Secondary Insurance Company Name _____

Company Address _____

Company Phone Number _____

Insured's ID Number _____

Insured's Policy Group _____

Insured's Plan Name _____

Co-payment amount (if any) \$ _____

Additional Information: