

Applied Therapies and Wellness Center, SC

Please submit the following information in your request:

Personal Information

- Type of service being requested (Psychological Evaluation, Therapy)
- Name of person being referred
- Date of birth of person being referred
- Purpose of visit (signs, symptoms, behaviors)
- Address and phone number
- Preferred appointment (day/time)
- Referral source (How did you hear about us?)

Insurance Information

- Name of insurance company
- Subscriber's name
- Subscriber's date of birth
- Member ID
- Group ID (if applicable)
- Provider telephone number
- Claims address

All information provided will be kept confidential.