

NORTH CHERRY CREEK COUNSELING CENTER

Main Office: 1400 S. Colorado Blvd. #410, Denver CO 80222

South Office: 2616 W. Alamo Ave. Littleton, CO 80122

Phone: (303) 321-1113 Fax: [303 757 7275](tel:3037577275)

APPLICATION FOR Discounted Fee

On occasion, fees are subsidized for clients in need. NCCCC has a limit on its ability to subsidize and reduce fees. Reduction in fees will be periodically reviewed.

Applicant's name _____ Date of Birth _____

Address _____

Social Security Number _____ Telephone Number _____

Spouse's name _____ Social Security # _____

Reason for making application _____

Dependents	Name	Age	Living at Home?	If not, please explain
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant's employer _____
(Company name and address)

Supervisor _____ Telephone number _____

Total number of hours worked per week _____ Hourly wage _____

Spouse's employer _____
(Company name and address)

Supervisor _____ Telephone number _____

Total number of hours worked per week _____ Hourly wage _____

Insurance Information

Do you have medical insurance that may cover counseling? _____
(Note: you must check with your therapist to see if they bill directly or only invoice you so you can submit the paperwork for reimbursement)

If so, please complete the following. If not, please continue to the back of this page.

Insured's name _____ Social Security Number _____

Primary Insurance Carrier _____ Telephone Number _____

Group Number _____ Secondary Insured Person _____

Secondary person's SSN _____ Secondary Insurance Carrier _____

Secondary Insurance Co. Phone # _____ Secondary Group Number _____

