

Bright Tomorrows
Child Advocacy Center
Working Together for our Children



409 Washington Avenue
Pocatello, ID 83201
Phone: 208-234-2646
Fax: 208-232-0035
www.brighttomorrowscac.org

In addition to a photo copy of your Insurance card please provide us with the following information.

Name of Policy Holder: _____

Policy Holders Place of Employment: _____

Relationship to Client: _____

Policy Holder DOB: _____ Employer: _____

Does your insurance require pre- authorization for mental health services? Yes No
If Yes, have you had services at Bright Tomorrows pre-authorized? Yes No

Address and Phone number of Policy Holder if different from Client:

City, St. Zip _____

Home Phone: _____

Cell Phone: _____

