



Insurance Information Form

As a courtesy service we are more than happy to submit your insurance claim for you. To do this, we ask that you provide this office with all current insurance information for your claim as required by your insurance company. Without this information we cannot submit your information.

So that we may assist you in filing your insurance forms, please provide us with the information below. Please fill out **all** of the blank spaces. Especially if you are **not** the insured. Any information is kept confidential.

Insured's Name/ Responsible Party's Name: _____

Your relationship to the Insured/ Responsible Party: _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Name of Insurance Plan: _____

Subscriber/ Member ID#: _____ Group/Policy#: _____

If no information is submitted, we will assume that there is no insurance coverage.