

**INSURANCE INFO SHEET**

**PLEASE BRING INSURANCE CARD TO THE FRONT DESK WITH THIS FORM**

Subscriber \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_

List all children covered under current insurance policy (name and date of birth)

\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Office use only

Effective date \_\_\_\_\_

Copay \_\_\_\_\_

Today's date/initials \_\_\_\_\_

Pcp \_\_\_\_\_

Insurance phone # \_\_\_\_\_