

B&C Professionals, LLC

We Credential. We Bill. You Succeed.

Fax: 855-326-5443 or email: billing@bcpros.hush.com

Insurance Verification Form

Client Name: _____	
DOB: _____	Phone #: _____
Address: _____	
Primary Insured: _____	
Relationship to Client: _____	Primary's DOB: _____
Insurance Company Name: _____	
Insurance Phone Number: _____	
Member ID#: _____	Group ID#: _____
Therapist Name: _____	
First Date of Service: _____	

****DISCLAIMER: Verification of benefits is not a guarantee of payment. Fees quoted are an estimate based on information given by insurance at the time benefits are verified.***