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## Insurance Information

Name of the Insurance: \_\_\_\_\_

Claim mailing address: \_\_\_\_\_

\_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

Payer ID Number: \_\_\_\_\_ Specific Client Indicator: \_\_\_\_\_

Insured's Name (the subscriber): \_\_\_\_\_

Insured's Gender: \_\_\_\_\_

Insured's Date of Birth: \_\_\_\_\_

Insured's Home Address: \_\_\_\_\_

\_\_\_\_\_

Insured's Phone Number: \_\_\_\_\_

Relationship of the client to the Insurance holder: \_\_\_\_\_

Insured's Policy Group Number: \_\_\_\_\_

Insured's Employer/School: \_\_\_\_\_

Plan Name: \_\_\_\_\_