



Client Contact and Insurance Verification Form

Family Information	
Child Name	
Child DOB (MM/DD/YY)	
Does the child have a diagnosis of ASD?	
Mother's Name	
<ul style="list-style-type: none"> • Phone 	
<ul style="list-style-type: none"> • Email 	
Father's Name	
<ul style="list-style-type: none"> • Phone 	
<ul style="list-style-type: none"> • Email 	
Address	

Insurance Information	
Insurance Company	
Policy Holder Name	
Policy Holder DOB	
Policy Holder Social Security #	
Policy Holder Member ID	
Insurance Phone Number <i>Contact # on back</i>	



For Golden View Learning Center, LLC Official Use Only

Family Contact	
<i>3 attempts, across 2 methods, and 48 hours is considered no contact</i>	
Date/Time/Method	Results

Insurance Contact	
<i>Notate all information provided by the insurance company</i>	
Date/Time/Method	Result

*Golden View Learning Center **Tax ID** – 833621651 and **NPI** – 1265992176*