

Stability. Dependability. Hope.



Benefits Check Form

Private pay

Insurance

Insurance:

Parent(s) name: _____

Client information:

Name: _____ DOB: _____

Address: _____

Primary Insurance:

Medical Group Number: _____ ID Number _____

Phone Number: _____ Effective date: _____

Subscriber name: _____

Private Pay:

Paypal name: _____

HSA Check: _____

DDS Check: _____

Other: _____

Printed name: _____ Date: _____

Signature: _____