

## Insurance Verification Form

### Instructions

Please complete the following form and email the form and your child's diagnostic report to [info@goldenviewlearningcenter.com](mailto:info@goldenviewlearningcenter.com).

Date: \_\_\_\_\_

Tour Date: \_\_\_\_\_

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

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

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

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

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