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| Heart, Mind, Body LLC  14 Church Street, Newton, NJ 07860  Office: 973-362-5652  Fax: 973-957-3222  Newpt01@heartmindbody.org |

Date

Information that must be sent to verify billing and proof of insurance:

Copy of Driver’s License

Copy of front and back of insurance card/s

Name of the Insured Party. (NOT the patient’s name)

Full Legal Name of Patient: First and Last

Street Address including zip code

Email address to put in the chart and in the billing section