

# GREATMINDS

...fostering success in development, learning and living

## Insurance Verification

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

### Primary Insurance

Name of Insurance Subscriber \_\_\_\_\_

Subscriber's Date of Birth \_\_\_\_\_

Subscriber's Social Security Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Contract Number \_\_\_\_\_ Group Number \_\_\_\_\_

Effective Date \_\_\_\_\_ Customer Service Phone (\_\_\_\_\_) \_\_\_\_\_

Precertification Phone (\_\_\_\_\_) \_\_\_\_\_ Behavioral Health Phone (\_\_\_\_\_) \_\_\_\_\_

### Secondary Insurance

Name of Insurance Subscriber \_\_\_\_\_

Subscriber's Date of Birth \_\_\_\_\_

Subscriber's Social Security Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Contract Number \_\_\_\_\_ Group Number \_\_\_\_\_

Effective Date \_\_\_\_\_ Customer Service Phone (\_\_\_\_\_) \_\_\_\_\_

Precertification Phone (\_\_\_\_\_) \_\_\_\_\_ Behavioral Health Phone (\_\_\_\_\_) \_\_\_\_\_

### Secondary Insurance

Name of Insurance Subscriber \_\_\_\_\_

Subscriber's Date of Birth \_\_\_\_\_

Subscriber's Social Security Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Contract Number \_\_\_\_\_ Group Number \_\_\_\_\_

Effective Date \_\_\_\_\_ Customer Service Phone (\_\_\_\_\_) \_\_\_\_\_

Precertification Phone (\_\_\_\_\_) \_\_\_\_\_ Behavioral Health Phone (\_\_\_\_\_) \_\_\_\_\_