

Insurance(s) Form

Please provide your current insurance information below. You may fax this form to us prior to your appointment or bring it with you on the day of your appointment. Be sure and bring in your insurance card or cards, whichever the case maybe. Our fax# is (828) 254-4001 or Office number is (828)254-5371, if you have questions.

Primary Insurance Company's Name: _____
Member Id# _____
Group Id# _____ Employer's Name: _____
Subscriber/Card Holder's Name: _____
Date of Birth (Subscribers): _____ SS# of Subscriber: _____
Provider's # or Customer Service # to call Ins Co: _____

Secondary Insurance Company's Name: _____
Subscriber/Card Holder's Name: _____
Member Id# _____
Group Id# _____ Employer's Name: _____
Date of Birth (Subscriber's): _____ SS# of Subscriber: _____
Provider's # or Customer Service # to call Ins Co: _____

Third Insurance Company's Name: _____
Subscriber/Card Holder's Name: _____
Member Id# _____
Group Id# _____ Employer's Name: _____
Date of Birth (Subscribers): _____ SS# of Subscriber: _____
Provider's # or Customer Service # to call Ins Co: _____