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Insurance Verification Form

Client Full Legal Name

Client Date of Birth

Client Drivers License or State ID Number

Client Current Address

Client Social Security Number

Client Insurance Member Identification Number

Client Phone

Insurance Company Name and Telephone Number

Current Facility and Telephone Number

Primary Subscriber Full Legal Name

Primary Subscriber Date of Birth

Primary Subscriber Social Security Number

Primary Subscriber Drivers License or State ID Number

Primary Subscriber Phone

Primary Subscriber Current Address

Name of Person Completing Form

Phone of Person Completing Form

Please save this PDF after you've filled it out and email it to info@afordablebillingsolution.com.

To save you must go up to "file" in the menu bar and click "save as" and save it to your desktop and then you can open an email client and attach the PDF in the email. Or you can send within the PDF by selecting "file" and then "attach to email".