

Center for Integrated Medicine
8278-A Bellaire Blvd.; Houston, TX 77036
Tel: 713-272-8858
Fax: 713-995-6142

Please fill out ALL of the information below so that we can verify your insurance benefits.
If you have any questions, please do not hesitate to contact us. Thank you.

INSURANCE VERIFICATION

Name of Insured				
Social Security of Insured				
Date of Birth of Insured				
Relationship to Insured	Self	Spouse	Child	Other
If Insured and Patient Names are the same, please skip to carrier information.				
Patient Name				
Social Security of Patient				
Date of Birth of Patient				

CARRIER INFORMATION				
Carrier Information	PPO	HMO	Other	
Name of Carrier				
Policy #				
Phone Number of Insurance				

COMMENTS

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