

Electronic Filing Information

1. Please present your insurance card to front desk to have copy made. If you have secondary insurance, we need that as well.
2. Please take copy of HIPPA and sign acknowledgement.
3. We need the following information:

Who is the person insured _____

Date of Birth _____

Social Security Number _____

Name of employer _____

Address/Phone employer _____

Email Address _____

Thank you for your cooperation! This will make it easier for you and will allow the insurance companies to reimburse you quicker.