

TEVA WELLNESS

Insurance Verification

PATIENT'S DOCTOR (Circle) :

Dong Hua Erica Nevas Fred Della Jacono Cynthia Zhang Keongeun Lee

Date: _____

Patient's Name: _____

Billing Address: _____

City/ State/ Zip Code: _____

Telephone Number: _____

Date of Birth: _____ Male ___ Female ___

Insurance Co. Name: _____

Insurance Co. Telephone: _____

Member ID #: _____

Group ID #: _____

Primary Insured Name (if different from patient): _____

Date of Birth: _____

Relationship to Insured: ___ self ___ spouse ___ child ___ other

Plan Effective Date: _____

Reference #: _____

Deductible Met: Yes / No

Deductible Amount \$ _____

Amount Met \$ _____

Covered Benefits:

Acupuncture: Yes / No # of Visits _____ Allowed % _____

Office Visit: Yes / No # of Visits _____ Allowed % _____

Injection : Yes/ No # of Visits _____ Allowed % _____

Chiropractic: Maybe/Yes / No # of Visits _____ Allowed % _____

PT: Maybe/Yes / No # of Visits _____ Allowed % _____

Notes:

Ft. Lauderdale: 6570 Griffin Rd, Ste 103 Davie, FL 33314

T: (954) 488-3008

Boca Raton: 2900 N Military Trail, Ste 246 Boca Raton, FL 33431

T: (561) 404- 4999

FAX: (561) 208-8235