AGAPE HEALING ARTS

222 S. U.S. Highway 1, Suite 1 | Tequesta, FL 33469 | 561-762-4273

INSURANCE BENEFITS VERIFICATION

Please print clearly using the information on your insurance records.

Provider: ☐ Dr. Bella Lauren ☐ Dr. Keith Cini ☐ No preference

Date: _____ First date seen: _____ Appointment date: _____

PATIENT INFORMATION

Full legal name: _____ Date of birth: _____

Sex on insurance record: ☐ F ☐ M ☐ New patient ☐ Existing patient

Street address: _____

City: _____ State: _____ ZIP: _____

Home phone: _____ Cell phone: _____

Email: _____ Preferred contact: ☐ Phone ☐ Email

Chief complaint / reason for treatment: _____

_____

PRIMARY INSURANCE

Insurance company: _____ Company phone: _____

Policy / member ID: _____ Group number: _____

Are you the policyholder? ☐ Yes ☐ No

Insured's / policyholder's name: _____

Date of birth: _____ Sex: ☐ F ☐ M Relationship to patient: _____

SECONDARY INSURANCE (IF APPLICABLE)

Insurance company: _____ Company phone: _____

Policy / member ID: _____ Group number: _____

Policyholder name: _____ Date of birth: _____

Relationship to patient: _____

ACKNOWLEDGMENT

I request that Agape Healing Arts and its billing company review my insurance benefits and contact me. Verification of benefits is not a guarantee of payment. Coverage and patient responsibility are determined by my insurance plan and claim processing. This form does not schedule an appointment.

Patient / representative signature: _____ Date: _____

Representative's name and relationship, if applicable: _____

SUBMIT TO OUR BILLING COMPANY

Please send this completed form with all information filled in, a copy of your driver's license (front and back), and a copy of your insurance card (front and back) to:

Lori | To the Point Billing Sohutions

Insurances@tothepointbillingsolutions.com