

**La Costa Chiropractic & Wellness**  
**Insurance Information Form**

Thank you for your inquiry. Please complete this form and email it back to our verification department with a copy of the front and back of your insurance card to [insurance@lacostawellness.com](mailto:insurance@lacostawellness.com).

We will make every effort to respond as quickly as possible. Please be aware we receive a lot of requests to verify insurance and often need to wait for responses from insurance companies to verify, so it may take several days or more for us to respond. If you need an immediate response please contact your insurance.

**Date:**

**Name of Person Completing Form if not the patient:**

**\*\* If you are new to our office (or have not been treated by a chiropractor at our office), how you were referred?:**

**\*\*I give consent to be contacted by email or text and I give permission for messages to be left at my number:**

**Patient Information**

**Name:**

**Address:**

**Cell Phone:**

**Secondary Phone:**

**Email:**

**DOB:**

**Sex:**

**Insurance Information**

**Insurance Name:**

**Insurance Type (ex: PPO, HMO):**

**Insurance phone:**

**ID# (including any letters):**

**Group#:**

**Subscriber/Insured Name:**

**Relationship (self, spouse, child, other):**

**Group Name/Subscribers Employer:**

**Chief complaint:**

**Effective Date of Policy:**