

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

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.

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

Date:

Name of Person Completing Form if not the patient:

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: