

FACE SHEET

Name: _____

Parent (if a minor): _____

Preferred Pronouns: _____

Address: _____

Email: _____

Phone: _____

Date of Birth: _____

Insurance: _____

ID Number: _____ Group Number: _____

PCP: _____ Phone: _____

Psychiatrist: _____ Phone: _____

Allergies: _____

Referred by: _____

Coordination of Benefits

Most policies contain a “Coordination of Benefits” provision, which allows them to share responsibility in covering healthcare expenses with any other company covering you or your family for medical benefits. When healthcare expenses are shared between two or more companies, out of pocket expenses for the member may be reduced. In addition to benefitting the individual member, coordination of benefits is also beneficial to all members because it avoids duplication of payments, which would result in higher premium rates. I certify the above information is true and correct. I understand that the purpose of this information is to assure appropriate coordination of benefits of all plans.

Signature

Effective Date: 03/23

Date