

A Sober Way Home, Inc.

Sandra Tillman, President

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Direct: 928-848-4460

Insurance Verification

1) Patient Name: _____ Male ____ Female ____

2) Patient Address: _____

3) Patient Phone: _____

4) Patient Social Security #: _____

5) Patient Date of Birth: _____

Employed: Yes ____ No ____ Student: Yes ____ No ____ Drug of Choice _____

6) Insured Name: _____

7) Insured Social Security #: _____

8) Insured Date of Birth: _____ Insured's relationship to Patient _____

9) Contact Person and Phone Number for Verification Results _____

10) Insured's employer: _____

11) Insurance Company: _____

12) Insurance Phone Number: _____

13) ID #: _____

14) Group #: _____

15) Type of Plan: _____

16) Medical Detox Needed Yes _____ No _____

Please fax all verifications to: 928-445-5074