

Insurance Verification Form

BALANCE FOOT & ANKLE · HOWELL & BLOOMFIELD HILLS, MI

(810) 206-1402 · michiganfootdoctors.com

Fill out this form before your call to speed up your benefits check.
Snap a photo with your phone or print and bring to your visit. We verify your coverage before your first appointment so there are no billing surprises.

PATIENT INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH

PHONE NUMBER

EMAIL ADDRESS

MAILING ADDRESS (STREET, CITY, STATE, ZIP)

PRIMARY INSURANCE

INSURANCE COMPANY

MEMBER ID NUMBER

GROUP NUMBER

SUBSCRIBER'S NAME (IF DIFFERENT)

SUBSCRIBER'S DOB

RELATIONSHIP TO PATIENT

SECONDARY INSURANCE (IF APPLICABLE)

INSURANCE COMPANY

MEMBER ID NUMBER

REASON FOR VISIT

- | | |
|---|--|
| <input type="checkbox"/> Heel pain / plantar fasciitis | <input type="checkbox"/> Bunion / hammertoe |
| <input type="checkbox"/> Ingrown toenail | <input type="checkbox"/> Toenail fungus |
| <input type="checkbox"/> Diabetic foot care | <input type="checkbox"/> Sports injury |
| <input type="checkbox"/> Ankle sprain / instability | <input type="checkbox"/> Custom orthotics |
| <input type="checkbox"/> Surgery follow-up / second opinion | <input type="checkbox"/> Other (write below) |

ADDITIONAL NOTES / SYMPTOMS

WHEN COMPLETE