

# 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

Snap a photo and text to (810) 206-1402, email a copy, or bring it to your visit. We will verify your benefits and call you back **within 2 hours, the same business day**, with your exact copay.

Need help? Call (810) 206-1402 · 4.9★ from 1,123+ Google reviews