Insurance Verification Form

BALANCE FOOT & ANKLE · HOWELL & BLOOMFIELD TOWNSHIP, MI · (810) 206-1402 · michiganfootdoctors.com

Fill out this form before you call so your benefits check goes faster, or print it and bring it 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

- ■ Heel pain / plantar fasciitis
- ■ Ingrown toenail
- ■ Diabetic foot care
- ■ Ankle sprain / instability
- ■ Surgery follow-up / second opinion
- ■ Bunion / hammertoe
- ■ Toenail fungus
- ■ Sports injury
- ■ Custom orthotics
- ■ Other (write below)

ADDITIONAL NOTES / SYMPTOMS

WHEN COMPLETE

Call us at (810) 206-1402 with these details, and we will verify your benefits and call you back **within 2 hours, the same business day**, with your exact copay. Or just bring this form to your visit.