

CERTIFIED ALLERGY & ASTHMA CONSULTANTS INSURANCE INFORMATION FORM

Instructions: Complete this form and send it to Certified Allergy & Asthma Consultants' Billing Department by fax or mail, as follows:

1. Fax to (518) 434-2360, or
 2. Mail to: Certified Allergy Consultants, Attn: Billing, 8 Southwoods Blvd., Albany, NY 12211
- If you have any questions, please contact the Billing Department at (518) 434-1456, option 2.

Date: Completed by: Daytime phone:

PATIENT INFORMATION:

Patient Name:

Patient Birth Date:

Patient's Soc. Sec. #

INSURANCE INFORMATION:

Primary Insurance:

Insurance Carrier Name

Insurance Policy Number

Insurance Plan Phone #

Patient's Relationship to Subscriber: Self Child Spouse

IF CHILD, subscriber is: Mother Father

Complete if the Patient is not the Subscriber:

Subscriber's Name

Subscriber's Birth Date

Subscriber's Soc. Sec. #

Secondary Insurance:

Insurance Carrier Name

Insurance Policy Number

Insurance Plan Phone #

Patient's Relationship to Subscriber: Self Child Spouse

IF CHILD, subscriber is: Mother Father

Complete if the Patient is not the Subscriber:

Subscriber's Name

Subscriber's Birth Date

Subscriber's Soc. Sec. #