



705 Bond Way, Delray Beach FL 33483

Office: 561-292-3077 Fax: 567-292-3867 Email: bobr@otstreatment.com

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**Please fill out and fax or email back to above**

**Insurance Verification Form**

Client Name: \_\_\_\_\_

Client's Date of birth: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ State: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Provider Phone #: \_\_\_\_\_

**Note:** Please use the address associated with the insurance policy. We accept most private and commercial health insurance. We accept POS and PPO plans. We can assist those individuals that carry HMO or EPO plans for placement at no charge.