Dr. Laffer's Acupuncture Center
257A Commercial Blvd. Lauderdale by the Sea, Fl 33308
(954) 938-6266 Fax (954) 938-6255 email: docsamlaffer@att.net

SAMUEL LAFFER, O.M.D., A.P.
INSURANCE VERIFICATION

Patient Name: _____

Patient Address: _____

MUST INCLUDE ZIP CODE: _____

Patient Phone #_____Cell:_____

Patient Date of Birth: _____Male _____Female _____

Patient Subscriber #ID#_____

Group # _____

Insured Name & ID # (if different from patient) _____

If different from patient DOB of insured: _____

Relationship to Insured: _____Single ___ Married____ Other _____

Insurance Co. Name: _____

Insurance Co Phone #: _____

Claim # if an accident: _____

Date of Accident/Injury: _____

Other Info: _____

TO BE COMPLETED BY OFFICE STAFF:
NO Coverage: _____ Coverage: _____
Deductible: $_____ Amount met $_____
Visits per year_____ Allowable % _____ Other _____
Acupuncture YES/NO Units/Visits_____
Office Visits YES/NO
PT YES/NO Units/Visits_____