

ADDRESS AND INSURANCE CONFIRMATION

Mailing Address:

Is this the same address that is associated with your insurance?
(Circle one) YES NO

If NO, please list address associated with insurance here
(policy holder's address):

_____ Check if you prefer bills to be sent to your email(*) for
privacy reasons please list the appropriate email address here:

*electronic bills that are left unanswered may also be sent to
collections.

Health Insurance Company: _____

Policy number or member ID: _____

Plan start date: _____

Policyholder name: _____ DOB: _____

If the above information is correct, print and sign your name below.
By signing, you are confirming that you are aware that anything
unpaid by your insurance company will be your responsibility.

Printed name: _____

Signature: _____ Date: _____