

FAMILY ALLERGY CENTER, P.C.

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NEW INSURANCE FORM

If you have changed insurance for the New Year *please* be sure we have a copy of your new insurance card *prior* to receiving services.

If you do not have your new card yet we will need the following information prior to treating you:

- Insurance company name: _____
- ID # _____
- Group# _____
- Claim address _____
- Effective date of coverage _____
- Co-pay amount _____

If you do not have the above information for your new insurance, we will be unable to provide services until it is received.

****Please remember to get a new referral if required by your new insurance****

THANK YOU!!