1907

CONFIDENTIAL INSURANCE INFORMATION

Date _____

Name: _____ Home Phone: _____

Address: _____ Relationship to Patient: Sex:

City: _____ State: Zip _____ ☐ Self ☐ Spouse ☐ Child ☐ Other M F

Insured's Employer: _____ Office Phone: _____

Address: _____ Social Security Number: _____

City: _____ State: Zip _____ Birth date: / / Date employed: / /

If patient is insurance policy holder do not fill out this section

Insurance Company: _____ Phone: _____

Address: _____

City: _____ State: Zip _____

Insurance Policy #: _____ Group Policy #: _____

Condition Related to:

Employment: ☐ Yes/☐ No

Auto Accident: ☐ Yes/☐ No State: _____

Other Accident: ☐ Yes/☐ No

Is there another health benefit plan? ☐ Yes/☐ No

Type of Insurance:

- ☐ MEDICARE
- ☐ MEDICAID
- ☐ CHAMPUS
- ☐ CHAMPVA
- ☐ GROUP HEALTH PLAN
- ☐ FECA BLK LUNG
- ☐ OTHER

Elgin Naprapathic Healthcare
and Pain Management Clinic

Dr. George Stretch, DN, DAOM,
LAc, DAAPM, DNBAO
Naprapath / Acupuncturist

70 North Alfred Avenue

ELGIN, IL 60123

847-695-4847
FAX : 847-695-4902

drgeorgestretch@aol.com

181-000166 / 198-000267
36-3681298