

Alabama Wellness and Recovery Services, LLC



4898 Valleydale Road, Suite B-2
Birmingham, AL 35242
(205) 795-3410

Patient's Name

Date of Verification

Name as appears on Insurance Card

D.O.B.

Last 4 of SS#

Address

Telephone number

Email Address

Place of Employment

Name of Insurance

Policy/Contract Number

Group Number

Co-Pay Amount

Name of Primary Insured (if not patient)

Is your name listed differently with insurance carrier? Yes ☐ No ☐ If yes, list additional name.

Effective Date of Insurance

Insurance Telephone Number

Signature

Date

Office Use Only:

☐ Exclusions: _____
☐ Individual Coverage _____ ☐ Family Coverage _____
☐ Co-Pay Amount: _____

Verified by: _____ Date: _____