

East Valley Childrens Center

3200 S George Dr
Tempe AZ 85282

Chart# _____

Date

Current and accurate insurance information is needed to file insurance claims for all office and hospital charges related to services performed by East Valley Childrens Center. This form and a copy of your insurance card will ensure all information needed is obtained at the time of your visit. We ask that you update this form annually, as well as any time there is a change to your insurance coverage, address, etc.

Each family remains responsible for charges incurred in the care of their dependents. Copays are due at the time of service.

Policy Holder Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Date of Birth (policy holder): _____

Social Security Number: _____

Employer: _____

Insurance Company: _____

Claims Address: _____

City/State/Zip: _____

Effective Date of Coverage: _____

Insured Identification Number: _____

Insured Group Number: _____

Copay (per visit): _____

Deductible (per year): _____

Claims are typically filed within 7 days of an office visit or hospital discharge. All payments from the insurance company to *East Valley Childrens Center* will be shown on your monthly statement. Please call our office with any questions or concerns regarding your account. Copayments are collected at the time of check in for an appointment. Any additional amount(s) incurred will be collected upon check out.