

Birmingham Maple Clinic

In order to expedite verification of your insurance coverage, please complete the information in the box below and fax, email or call our office with your complete insurance information.

Fax: 248-642-8645

Phone: 248-646-6659

Email: cbuback@birminghammaple.com or prosen@birminghammaple.com

Thank you,
Birmingham Maple Clinic

Therapist or Doctor _____

Patient Name _____	D.O.B _____
Address _____	
City _____	State _____
Contact/Telephone Number _____	

Insurance Carrier _____	
Policy or Contract Number _____	
Group Number _____	
Cardholder Name _____	
Cardholder SSN _____	
Cardholder D.O.B. _____	
Effective Date _____	

Office use only

- | |
|--|
| <input type="checkbox"/> Verified and the information was given to Lori |
| <input type="checkbox"/> Verified and the information was given to the therapist |