



- 1220 Oak Park Dr., Fort Collins, CO 80525 ~ Phone (970) 223-8687 ~ Fax (970) 225-1574
 - 383 W. Drake Rd, #103, Fort Collins, CO 80526 ~ Phone (970) 377-2500 ~ Fax (970) 207-1971
 - 1122 9th St., #101, Greeley, CO 80631 ~ Phone (970) 353-5203 ~ Fax (970) 353-9441
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INSURANCE / CHANGE OF INSURANCE FORM

Today's Date: _____

Subscriber's Name: _____

Subscriber's DOB: _____

Subscriber's SS# or ID: _____

Subscriber's Place of Employment: _____

Date of new insurance or date change became effective: _____

Is this insurance your primary or secondary insurance company? _____

Name of New Insurance: _____

Mailing Address: _____

Group Number: _____

Telephone Number _____

Fax Number: (If Available) _____

With the exception of the FAX Number, the information requested above **is necessary** for us to file your insurance claim. If you are unable to complete the information, we will not be able to file your claim. You will need to pay for your visit today in full, unless you have made prior arrangements with our Financial Administrator. Thank you.