Substance Abuse Treatment Insurance Verification Form

Date of Birth				
Phone Number				
Address				
nsurance Infornsurance Provide				
Member ID				
Group Number				
Stoup Hambon				
Plan Type				
nsurance Phone I	lumber			
Policy Holder In Policy Holder Nam	formation e			
Policy Holder DOE				
Relationship to Pa	ient			
Substance Abu Type of Treatment	se Treatment Info	ormation		
acility Name				

Contact Person			
Notes / Additiona	al Questions		