



RECOVERY CENTER
POSITIVE ATTITUDE CHANGES EVERYTHING

PACE Recovery Center, LLC - INSURANCE VERIFICATION INFORMATION

Submit your health insurance information for verification. All information is held confidential.

Fill in all required fields (*) of the form below and we will notify you immediately when we have verification.

*PATIENT NAME: _____

*SOCIAL SECURITY (SS) #: _____

*DATE OF BIRTH (DOB): _____

*SEX: _____

*PATIENT ADDRESS: _____

*PATIENT PHONE: _____

*POLICY HOLDER NAME: _____

*POLICY HOLDER SS# _____

*POLICY HOLDER DOB: _____

*POLICY HOLDER RELATIONSHIP: _____

EMPLOYER: _____

EMPLOYED: **Y / N** STUDENT: **Y / N**

*INSURANCE COMPANY: _____

*INS PHONE #: _____

*ID#: _____

*GROUP #: _____

TYPE OF PLAN: _____

COMMENTS:

Call Toll Free: 800-526-1851

Fax Number: 949-490-4053