



**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: \_\_\_\_\_

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COMMENTS:

Call Toll Free: 877-405-9411

Fax Number: 714-274-9517