

Doorways, LLC

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Insurance Information

Client's Legal Name _____

Date of Birth _____ Age _____ Client's SS# _____

PRIMARY INSURANCE

Patient's Relationship to Subscriber: Self Spouse Child Other _____

Subscriber's Name _____ DOB _____

Subscriber's SS# _____ Gender: M F

Address _____

Insurance Company Name _____

Subscriber's ID # _____ Policy Group # _____

Plan Name _____ Insurance Start Date: _____

Subscriber's Employer Name or School Name _____

SECONDARY INSURANCE

Patient's Relationship to Subscriber: Self Spouse Child Other _____

Subscriber's Name _____ DOB _____

Subscriber's SS# _____ Gender: M F

Address _____

Insurance Company Name _____

Subscriber's ID # _____ Policy Group # _____

Plan Name _____ Insurance Start Date: _____

Subscriber's Employer Name or School Name _____

OTHER IMPORTANT INFORMATION

You must provide your current insurance card and picture ID.

- It is your responsibility to know your insurance coverage. Please note that possession of your insurance card does not guarantee eligibility of benefits.
- Please ensure the Provider you are seeing accepts your insurance as there are times they are in the contracting process, and they are not fully empaneled. Doorways has facility contracts that don't cover all levels of Providers. Additionally, Doorways has staff that is individually contracted with some of the commercial insurance companies, allowing Doorways to bill under the Provider for professional services. It is your responsibility to know your plan, benefits and inquire about your Provider of choice.

By signing this document, I am indicating that I have read, understand, and agree to all of the above.

Signature _____ Date _____