

Verification of Insurance Benefits

Pediatric InterActions, LLC.
47 Wilson Avenue
Manalapan, NJ 07726

Date: _____

Client's Name

Social Security

Client's DOB

Referring Doctor

Diagnosis

Insurance Co.

Address

Insured's Name

Phone Number

Client's relationship to Insured's

Insurance Member ID#

Insured's DOB

Insured's Employer

Co-Pay

Deductible

Effective Date

Referral needed?

Therapies per year?

Pre-certification needed?

Spoke to & Date

Contact #

