

Doorways, LLC

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Insurance Information

Client's Legal Name _____
Date of Birth _____ Age _____ Client's SS# _____
Employed: Full-Time Part-Time Student: Full-Time Part-Time Gender: M F

PRIMARY INSURANCE

Patient's Relationship to Subscriber: Self, Spouse, Child, Other _____
Subscriber's Name _____ DOB _____
Subscriber's SS# _____ Gender: M F
Address _____ City _____ State _____ Zip Code _____
Insurance Company Name _____
Subscriber's ID # _____ Policy Group # _____
Plan Name _____ Insurance Start Date: _____
Subscriber's Employer Name or School Name _____

SECONDARY INSURANCE

Subscriber's Name _____ DOB _____
Subscriber's SS# _____ Gender: M F
Address _____ City _____ State _____ Zip Code _____
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.

INITIAL _____

Signature _____ Date _____