



925 8th Avenue Seattle, WA 98109

Telephone: (206) 957-9050

Fax: (206) 957-9052

**Patient Insurance Information**

Name of Insured: \_\_\_\_\_

Relationship to Insured (self, spouse, etc.): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

Date from / to: \_\_\_\_\_

Employer: \_\_\_\_\_

Insurance Customer Service Telephone # (on back of card):

\_\_\_\_\_

**\*Please include a copy of your insurance card (both sides) with this form and  
fax back to (206) 957-9052**