BIRTH & BEYOND PEDIATRICS, P.C.

Please fill out and return as soon as possible, must be completed before 2 mos of age.

Insurance Verification Information

Patient Name: _____ **DOB:** _____

Ins. Co.: _____ **Ins. ID#:** _____

Date Eligible: _____ **Person you spoke with:** _____

Well Visits:

Are well visits covered? Yes No
If yes, will I bear any cost? Is there a:

Co-pay or co-insurance?
No yes $ _____

Deductible that may apply?
No yes $ _____

Maximum annual coverage on well or preventative visits?
No yes $ _____

Are Immunizations covered? Yes No
If yes, will I bear any cost? Is there a:

Co-Pay or co-insurance
No yes $ _____

Deductible that may apply?
No yes $ _____

Maximum annual coverage for immunizations?
No yes $ _____

_____ _____

Parent/Legal Guardian Signature Date

10011 S. Yale Suite 200 Tulsa, OK 74137 Ph: 918-493-1114 Fax: 918-392-0129