



416 SE 5th Street, Delray Beach, FL 33483  
Phone 877.659.4555 • Fax 561.272.9678  
[soberlivingoutpatient.com](http://soberlivingoutpatient.com)

## Insurance Verification

<hr/>		
Name of person completing request	Phone (XXX) XXX-XXXX	
<hr/>		
Email	Relationship	
<hr/>		
Name of potential patient	Date of birth XX/XX/XXX	
<hr/>		
Phone number	Address	
<hr/>		
City	State	Zip
<hr/>		
What type of care are you looking for?		
<hr/>		
Do you have medical insurance?	Yes	No
<hr/>		Insurance provider
<hr/>		Relationship to patient
<hr/>		Member ID
<hr/>		Substance Abuse or Mental Health Phone Number
<hr/>		
Health insurance phone number <i>(located on back of card)</i>		
<hr/>		
Have you previously had treatment for drugs/alcohol?	Yes	No

**If yes**, where and when?

Thank you! Please send completed form to [stefanie@soberlivingoutpatient.com](mailto:stefanie@soberlivingoutpatient.com) or [davidk@soberlivingoutpatient.com](mailto:davidk@soberlivingoutpatient.com) or you can fax it to our office at **561.272.9678**. We will be in contact with you shortly!