



DESERT VALLEY PEDIATRICS

Compassionate
Caring & Teaching

Phone: 702-260-4525
10105 Banburry Cross Dr. #370 • Las Vegas, NV 89144
6850 N. Durango Dr. #406 • Las Vegas, NV 89149

CHANGE OF INSURANCE FORM

Today's Date: _____

Patient Name & Date of Birth: _____

Patient Address: _____

Old **Primary** Insurance Company Name: _____

Termination Date: _____

New **Primary** Insurance Company: _____

Primary Insurance Policy Holder Name & Date of Birth: _____

Employer: _____

Effective Date: _____

Old **Secondary** Insurance Company Name: _____

Termination Date: _____

New **Secondary** Insurance Name: _____

Secondary Insurance Policy Holder Name & Date of Birth: _____

Employer: _____

Effective Date: _____

I hereby authorize release of information necessary to file a claim with my insurance company.

Print Name of Parent/Guarantor of Patient

Signature

Date