



Insurance Verification

Last Name:		First Name:	
Date of Birth:			
Address:			
City:	State:	Zip Code:	
Phone:		Alternate Phone:	
Email:			

Insurance Carrier:	Phone:
Insured's ID #:	
Group #:	

Please save this document and e-mail the completed form to vitalityinstituteofhealth@gmail.com or Print and Fax to 310-473-8682.

*2001 S. Barrington Ave., Suite 212 Los Angeles, CA 90025
Tel. (310) 473.8191 -Fax (310) 473.8682
Email: vitalityinstituteofhealth@gmail.com
www.vitalityinstituteofhealth.com*