

Please fill out the form below in it's entirety. Benefits cannot be verified for forms without all necessary information.

Good Life Healing Center
5325 Lena Rd., Suite 101
Bradenton FL 34211
941.301.8485

Medicare Insurance Verification Form

GENERAL INFORMATION

Name: _____ DOB: _____

Phone: _____ (cell? landline?)

Address: _____

City, State, Zip: _____

E-mail: _____

INSURANCE INFORMATION

(Red, White, Blue Card)

MEDICARE ID#: _____ - _____ - _____ (Ex: AB12-C34-D56E)

Medicare Phone #: 800-633-4227 _____

SUPPLEMENTAL INSURANCE CO NAME: _____

SUPPLEMENTAL Member ID#: _____

Supplemental "Provider Services" Phone #: _____

____ You may substitute filling out this portion by emailing us scans of this form & pictures of the Front AND Back of BOTH of your Insurance Cards to office@goodlifehealing.com. Or text pictures of the Front & Back of Insurance cards to our TEXT ONLY CELL at 941-228-8608.

COVERAGE DETAILS

Deductible: _____ Co-Pay: _____ Co-Insurance: _____

Visit Limit: _____ Coverage Amt: _____ Policy dates : _____

Coverage Details : _____

OFFICE POLICIES

Medicare now covers Acupuncture. However, not all secondary Medicare plans are the same and some may not follow Medicare guidleines. A verification can clarify benefits. (It can take up to 5 business days to complete verification.)