

INSURANCE INFORMATION

**Please bring your insurance card and the completed information below
to your appointment.**

Dr. Christine Michaels is a contracted provider with Metlife.

****We will not be able to file without all of the following information****

Lifetime Maximum _____

% Payable at _____

Insurance Deductible _____

Insurance Name _____

Phone _____

Address _____

Group Number _____

ID Number _____

Employer Name _____

Policy Holder Name _____

Policy Holder Date of Birth _____

Relationship to Patient _____

Policy Holder Address if Different Than the Patient's

**I verify that the information provided is current and accurate to the
best of my knowledge**

Signature _____

Date _____

****INSURANCE IS NOT A GUARANTEED BENEFIT****
