



**DUKE
CHIROPRACTIC**

**MULTISPORT SPINE & JOINT
REHABILITATION**

INSURANCE QUALIFICATION FORM

Please fill out below and fax to the insurance department. 212-481-3458

NAME _____ DATE _____

CONTACT NUMBER _____

INS CO _____

INS CO TEL NUMBER _____

ID # _____

GROUP NUMBER _____

DOB _____

POLICY HOLDER _____

EMPLOYER OF POLICY HOLDER _____

WHO REFERRED YOU TO THIS OFFICE? _____