



3 Washington Circle NW, #207/208
Washington, DC 20037
T: 202-955-6001 F: 202-955-6008

PRIMARY INSURANCE

Insurance Company: _____
Primary Insured Name: _____ Subscriber/Member ID#: _____
Group No/Enrollment Code: _____ Plan Name: _____
Relationship to Patient: _____ Self/Spouse/Child/Other : _____

SECONDARY INSURANCE

Insurance Company: _____
Secondary Insured Name: _____ Subscriber/Member ID#: _____
Group No/Enrollment Code: _____ Plan Name: _____
Relationship to Patient: _____ Self/Spouse/Child/Other: _____

THIRD INSURANCE

Insurance Company: _____
Third Insured Name: _____ Subscriber/Member ID#: _____
Group No/Enrollment Code: _____ Plan Name: _____
Relationship to Patient: _____ Self/Spouse/Child/Other: _____