HEALTHY KIDS CARE
AT SUNRISE

VERIFICATION FORM

Patient Name	Insurance Name	Member ID	D.O.B.

Guarantor Name	Guarantor D.O.B.	Insurance Name	Insurance Phone Number

Effective Date	Yearly Deductible	Individual Deductible	Family Deductible

Amount Met ($)	Deductible Has Been Met?	Coverage After Deductible:
	YES or NO	

Out of Pocket	Amount Met $)	Out of Pocket Has Been Met?
		YES or NO

Sick Office CO-PAY	Well Office CO-PAY

X-Ray and Facilities	Steinberg / Desert Radiology / Sunrise Diagnostics / Other: _____
Labs	Quest / CPL / Lab Corp / Other: _____
Hospitals	Sunrise / Summerlin / St. Rose Delima (San Martin or Siena) / Spring Valley / Southern Hills / UMC / Valley / Other: _____

Verified By:	Reference # / Reference Name (Spoke With):	Date: