



# *Peachtree Immediate Care & Occupational Medicine*

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Phone: 770-461-3776 • Fax: 770-461-3565 [www.peachtreemed.com](http://www.peachtreemed.com)

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If other insurance, please provide all insurance details below

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Secondary Insurance Guarantor Information:

*\*This information is required in-order to submit your claim, if any of this information is omitted it may cause your claim to be rejected.*

Name of Person who carries the Insurance: \_\_\_\_\_

Address (if different from patient) \_\_\_\_\_

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Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Insurance Carrier's Employer \_\_\_\_\_

Birth date of Person Who Carries the Insurance: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male / Female

Insurance Carrier's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Patient's Relationship to Insurance Carrier: self spouse child other

If other please provide all insurance details below

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Please Print All Information Legibly