



## REQUEST FOR INSURANCE INFORMATION

This form allows Weight Loss Institute of Arizona to determine your benefits. This is a free service. The information you provide on this page is used solely for the purpose of verifying your insurance benefits. Please fill out and return to one of our representatives before leaving the seminar. Please complete each line. Your benefits will be verified and discussed at your first appointment. Our number is: 480-829-6100. Our facsimile is (480) 446-9475.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone and Extension: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Gender: Female Male

SSN (May be required for Insurance Benefits): \_\_\_\_\_

Height and Weight: \_\_\_\_ Feet \_\_\_\_ Inches \_\_\_\_ LBS \_\_\_\_ BMI

E-Mail: \_\_\_\_\_

Does your insurance require a referral prior to your visit? Yes No Unknown

Insurance Company Name: \_\_\_\_\_

Insured's Employer Name: \_\_\_\_\_

Subscriber ID: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Insured's DOB: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Additional information regarding your insurance: \_\_\_\_\_

### Where did you hear about WLIAZ?

The Internet search word or phrase I found WLIAZ with was: \_\_\_\_\_

TV Google LAP-BAND.com Yahoo! Ask.com AOL Obesityhelp Curves  
AZ Republic Phoenix Magazine Realize.com Dogpile.com Lapbandchat

A friend referred me. His or her name is: \_\_\_\_\_

A doctor referred me. His or her name is: \_\_\_\_\_

None of the above. I was referred to WLIAZ by: \_\_\_\_\_

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MY APPOINTMENT TIME AND DATE IS: \_\_\_\_\_ LOCATION:

- WEST PHOENIX OFFICE**, 9305 W. THOMAS RD SUITE 480, PHOENIX, AZ 85037
- TEMPE OFFICE**, 1855 E. SOUTHERN AVE, TEMPE, AZ 85282
- SCOTTSDALE OFFICE**, 8575 E. PRINCESS DR. SUITE 215, SCOTTSDALE, AZ 85255