

Dr Samuel Barr

Primary Insurance – Please bring your insurance card with you.

Relationship to Patient: Self Spouse Parent Other

Name of Insured _____ DOB _____

SSN#: _____ Name of Employer: _____

Work Phone: (____) _____

Address of Employer: _____ City _____

State: _____ Zip _____

Insurance Company _____ Group # _____

ID# _____

Ins Co Address: _____

Phone: _____

Secondary Insurance – Please bring your insurance card with you.

Relationship to Patient: Self Spouse Parent Other

Name of Insured _____ DOB _____

SSN#: _____ Name of Employer: _____

Work Phone: (____) _____

Address of Employer: _____ City _____

State: _____ Zip _____

Insurance Company _____ Group # _____

ID# _____

Ins Co Address: _____

Phone: _____