

**Affinity Pre-certification Insurance Form**

**Fax this form to 407-381-2277**

**Attention CASE MANAGER**

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

Your phone number: \_\_\_\_\_

Scheduled appointment time and date: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

Phone number(s) on card for verification/claims/ or precertification:

\_\_\_\_\_

Policy # \_\_\_\_\_

Group# \_\_\_\_\_

Policy holders name: \_\_\_\_\_

Policy holders date of birth: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_