



# Customer Insurance Intake Form

**Information requested for insurance submissions:**

- Completed Customer Intake Form (this form)
- Photo ID of Insurance Card
- Letter of Medical Necessity (provided by clinician)
- Doctor's Note/Prescription (if required by insurance company)

Client/Patient Name

Date of Birth

Gender

Height

Weight

SSN

*Please provide the SSN number directly to your designated insurance submission representative.*

Diagnosis

Street Address

City, State, Zip

Home Phone

Cell Phone

Parent/Guardian/Spouse

Phone

Notes

**Emergency Contact** (Individual not living in the same residence)

Name

Relationship

Phone

**Physician Information**

Ordering Physician

Phone

Office Location

**Physical/Occupational Therapist**

Name

Phone

Office Location

Email

**Insurance Information**

Primary

Policy #

Group #

Employer

Policy Holder

DOB

Secondary

Policy #

Group #

Employer

Policy Holder

DOB

**School/Work/Daycare**

Name

Phone

Address

Grade

**Current Equipment Information**

Make

Purchased by (Insurance)

Please return the completed form to your Obi Customer Experience representative. Thank you!