



5550 West Flamingo Road • Suite C-5 • Las Vegas • Nevada • 89103
Tel: (702) 877-2520 • Fax: (702) 877-2521
www.thelovaascenter.com

Client Insurance Information

*Child's Name:	*DOB:
*SSN or Member ID #:	
Child's Address:	

Primary Insurance

Insurance Company:	
*Policy Holder's Name:	
*Member ID #:	
*DOB:	SSN:
*Address:	
*Cell Phone:	Home Phone:
*Relationship to Child:	

Please attach a (front and back) copy of your insurance card to this form

Secondary Insurance (if applicable)

Insurance Company:	
*Policy Holder's Name:	
*Member ID #:	
*DOB:	SSN:
*Address:	
*Cell Phone:	Home Phone:
*Relationship to Child:	

Please attach a (front and back) copy of your insurance card to this form

***required information**