



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

<b>*Child's Name:</b>	<b>*DOB:</b>
<b>*SSN or Member ID #:</b>	
<b>Child's Address:</b>	

### Primary Insurance

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

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

### Secondary Insurance (if applicable)

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

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

**\*required information**