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### Client Insurance Information

<b>*Child's Name:</b>	<b>*DOB:</b>
<b>*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>*Policy Holder's Address:</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>*Policy Holder's Address:</b>	
<b>*Relationship to Child:</b>	

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

**\*required information**