



3211 Hancock Dr
Austin, TX 78731

Phone: 512-533-9313
Fax: 512-533-9317
Email: ctoa@childx.com

The insurance information below is the **PRIMARY** insurance for my child. I understand that CTOA does not file claims with any secondary insurance providers.

Date: _____ Signature: _____

Insurance Update

Patient Name _____ M or F

Date of Birth _____ Current Age _____

Phone (h) _____ (cell) _____ (w) _____

Parent/Guardian _____

Address (street) _____

(city, state, zip) _____

Insurance Company _____

Insurance Company Provider Phone Number _____

Insurance Active Date: _____

Policy/Member ID # _____ Policy Group # _____

Policy Holder Name _____

Policy Holder DOB _____

Policy Holder Employer _____

Date: _____

Form Completed By: _____