Pediatric Endocrine and Wellness Center, PA

STATEMENT OF INSURANCE

2999 NE 191St Street Suite 300 - Aventura, FL 33180
Phone: (305) 935-2441 Fax: (786) 513-0586

Date: _____

To Insurance Company: _____

Re:

Patient Name: _____

ID# _____ Group # _____

I hereby certify that _____ is the only health insurance coverage that my above-named child has. There is absolutely no other coverage for him/her.

_____ _____

Signature of Insured Print Your Name