



Metro Denver Pain Management

1260 S. Parker Rd. Ste. 200
Denver, CO 80231

Christopher J. Huser, M.D.
Kevin T. Smith, M.D.

Additional Insurance Information

Patient Name:

Additional Insurance (Secondary):

Auto Accident / Work Comp YES NO **Date Of Injury:**

ID Number: **Group Number:**

Telephone Number:

Claim Submission: **City:** **State:** **Zip:**

Referral from PCP: YES NO

Referral Number: **Number of Visits:** **Start Date:** **End Date:**

Contact: **At:** **Date:**

Prior Authorization for CPT Code YES NO

Contact: **At:** **Date:**

If Authorization is required; please see *Insurance Prior Authorization Log*