

IMMERGRUN PATIENT IDENTIFICATION

NAME:

STREET/P.O. BOX:

CITY, STATE, ZIP:

BIRTHDATE:

I.D. NUMBER:

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**PRIOR AUTHORIZATION IS REQUIRED
FOR ANY SCHEDULED SERVICES.**

Please notify Immergrun, Inc.
1-800-333-3561

Claims Address:
P.O. Box 350903
Toledo, OH 43635

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FOR ANY SCHEDULED SERVICES.**

Please notify Immergrun, Inc.
1-800-333-3561

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P.O. Box 350903
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