

Serving Throughout (City or State That Applies)

Add your Logo

## STEP 01

Simply send us your patient's:

- Name
- Date of Birth
- Insurance Company
- Name Policy Number
- Anticipated Order

## STEP 02



We let you know within about an hour whether we are able to accept your patient on service.



Introducing...

# QUICK CHECK INSURANCE CHECKS

From (Company Name)

Speed the discharge process by not waiting until you have all referral information ready to go. Simply send us what we need to get you a fast answer before you do any more work.

GET STARTED TODAY BY CALLING

(Liaison First and Last Name)  
(Email Address)  
(Phone Number)

Scan Here to Visit Our Website  
(Website Url Address)  
(Add QR Code to Box)