Noah E. Gudel, D.O.
Alabama Lifestyle Medicine, LLC
2208 University Dr.
Birmingham, AL 35233
(205) 223-1890
allifestylemed.com
allifestylemed@protonmail.com

Thank you for your interest in our practice; we look forward to meeting you!

We have enclosed this insurance verification form for your convenience. We recommend that you contact your insurance company using the number on your card, ask the questions listed below, and fill in the information on this form. This worksheet was created to help you better understand your insurance policy and coverage.

Insurance Company:_____ Phone:_____
Spoke to: _____ Date: _____ Time: _____
Patient name: _____ Policy Holder Name: _____
Date patient became effective on policy: _____ Does Pre-Existing Condition Apply?_____
If yes, what is the pre-existing period?
_____

Specialist office visits will be covered by (please circle one):

Co-pay or Deductible & Co-Insurance

Co-Pay $_____ Co-Insurance: In-Network %:_____ Co-Insurance: Out-of-Network: ____

Individual Deductible: $ _____ Individual Deductible Account Met: $_____

If applicable, Family Deductible: $ _____ Family Deductible Amount Met: $ _____

Out-of-Pocket Individual Amount: $ _____ Out-of-Pocket Amount Met: $ _____

If applicable, Family Out-of-Pocket: $ _____ Family Out-of-Pocket Amount Met: $ ____

Notes:_____
_____
_____