



Revenant Healthcare
REINVENTING ANALYTICS

BENEFITS REQUEST

MAIL TO kannadasan@revenantcare.com

INSURANCE BENEFITS REQUEST – PLEASE PRINT CLEARLY

Date: _____

Rep _____

Treating Provider: _____

Patient Information:

*Patient Name: _____ *Patient Date of Birth _____

*Insured's name _____

*Insured's Date of birth _____

Insurance: _____

Insurance ID #: _____

PLEASE SEND COPIES OF INSURANCE CARDS FRONT AND BACK

Do you have an appt date for the Fluid Flow procedure

Code Q4206? _____

