



Taste Life Nutrition Therapy, LLC

Insurance Information

Please bring a copy (front and back) of your insurance card to your first session. Taste Life Nutrition Therapy uses a 3rd party called Red Bud Billing LLC for filing insurance claims. Any invoice you may receive in the mail will be from Red Bud Billing.

Insurance Information:

Insurance Provider	Phone Number	ID #	Group #
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Provider Address	City	State	Zip
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Name of Policy Holder	Relationship	DOB (MM/DD/YYYY)
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Employer	Phone Number
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Employer Address	City	State	Zip
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I authorize Claire Gish and/or Natalie Bessinger at Taste Life Nutrition Therapy, LLC to provide information to insurance concerning this illness as required by the insurance carrier as defined in the new patient paperwork that outlines the policies and procedures of Taste Life Nutrition Therapy, LLC.

Signature of Patient/Guardian

Date