OFFICE of PRACTICE
College of Nursing
EAST TENNESSEE STATE UNIVERSITY

East Tennessee State University
College of Nursing – Office of Practice
Box 70403
Johnson City, TN 37614
P 423.439.4078
F 423.439.4060

Insurance Request

Request From:

Requestor: [_____]

E-mail Address: [_____]

Request Date: [_____]

Request To:

◯ Add

◯ Update

◯ Deactivate

Request For:

Insurance Name: [_____]

Attachments **(Required):**

◯ Legible Copy of Insurance Card (Front & Back)

◯ Encounter Number [_____]

◯ Proof of Eligibility Verification

To Be Completed by Office of Practice:

Completed By: [_____]

Completion Date: [_____]

Comments: