



## Apply For The Good Life

**|3 Ways to Submit this Form|**

Fax:  
 (818) 705-5533

Online:  
[www.goodliferesources.com](http://www.goodliferesources.com)

Mail:  
 18653 Ventura Blvd Ste. 139  
 Tarzana, CA 91356

**|We Make Everything Easier|**

If you prefer to apply for the Good Life by phone, please call (800) 227-2111 or (818) 906-3344

### Patient Information

Your Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Surgery (If Applicable) \_\_\_\_\_

Medicare?  Yes  No      If Yes, Part  A  B  C  D (Check all that apply)

### Insurance Information

Name of Policyholder \_\_\_\_\_ Date of Birth \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_ Plan Type (e.g. PPO) \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Rx Card # \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### Physician Information

Physician Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### Referral Information

How did you hear about us?

Google     Yahoo!     Web Surfing     Social Worker     Nurse / Coordinator  
 Support Group     Family or Friend     Advertisement     Email     Other \_\_\_\_\_

Who may we thank for referring you to us? (If Applicable)

\_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**|Note|**

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