

<input type="checkbox"/> MEDICARE # _____	<input type="checkbox"/> MEDICAID # _____ <i>State</i> _____
<input type="checkbox"/> PRIMARY INSURANCE: Name of Insurance Company: _____ Address of Insurance Company: _____ City _____ State _____ Zip _____ POLICYHOLDER DOB: _____ Name of Policyholder: _____ Policyholder Social Sec. # _____ / _____ / _____ Patient Relationship to Policyholder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other - Please Define _____ Policy Number of INSURED: _____ Group NAME: _____ Group NUMBER: _____ Does your Insurance Company Require Pre-authorization? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SECONDARY INSURANCE: Name of Insurance Company: _____ Address of Insurance Company: _____ City _____ State _____ Zip _____ POLICYHOLDER DOB: _____ Name of Policyholder: _____ Policyholder Social Sec. # _____ / _____ / _____ Patient Relationship to Policyholder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other - Please Define _____ Policy Number of INSURED: _____ Group NAME: _____ Group NUMBER: _____ Does your Insurance Company Require Pre-authorization? <input type="checkbox"/> YES <input type="checkbox"/> NO

FINANCIAL AGREEMENT:

I understand that I am financially responsible for all charges not covered by insurance. In the event that there is a balance unpaid by insurance. I guarantee the balance be paid:

Cash
 Check
 CC/Debit Card # _____ exp: _____

I understand any balance is considered delinquent after 90 days:

X _____

PRE-AUTHORIZATION

Our office will pre-authorize surgeries; however, pre-authorization does not guarantee payment. Questions regarding payment or benefits should be directed to your insurance carrier.

If your insurance company requires that you go to a specific hospital or facility in order to receive benefits for surgery, tests, or therapy, it is your responsibility to let us know.

Guidelines when calling your insurance company:

Is pre-authorization required?

Is a second opinion required?

Are you in a waiting period for pre-existing conditions?

X _____ Date _____