

INSURANCE INFORMATION

PRIMARY INSURANCE
ID/POLICY #
GROUP #
SUBSCRIBER'S NAME
S.S. #
BIRTH DATE
INSURANCE ADDRESS
SECONDARY / SUPPLEMENTAL INSURANCE
ID/POLICY #
GROUP #
SUBSCRIBER'S NAME
S.S. #
BIRTH DATE
MANAGED CARE PLAN (HMO) YES NO
 IF YES, DO YOU HAVE AUTHORIZATION?

PRIMARY PHYSICIAN'S NAME
AUTHORIZATION #
PHONE #
 WORKMANS
 COMPENSATION

WERE YOU INJURED ON THE JOB?
 YES NO

DATE OF INJURY
WORKERS COMPENSATION CLAIM #
 ACCIDENT

WAS AN AUTOMOBILE INVOLVED?
 YES NO

DATE OF ACCIDENT
AUTO ACCIDENT CLAIM #
ADJUSTER NAME & PHONE #

- Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
- Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier.
- Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
- It is your responsibility to pay any deductible amount, co-insurance, co-pay or any other balance not paid by your insurance.

While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. If you have any questions about the above information or any uncertainty regarding insurance coverage, please don't hesitate to ask us. We are here to help you.

I understand that I am responsible for all expenses incurred, including doctor's fees (and Paddock Park Surgery Center, if applicable). I also understand and agree that if this office receives no payment within sixty days, my signature acknowledges that I will be responsible for the entire unpaid balance regardless of the reason for denial. I also understand that I am responsible for any additional charges incurred if my account is turned over to a collection agency for non-payment.

Patient Signature
Date