



Insurance Information How many health insurance plans is the patient covered by?

- Patient has only 1 health insurance plan.
- Patient has 2 health insurance plans (primary and secondary coverage).
- Patient has no health insurance and will be considered "self pay."

Subscriber/Member ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

SSN #: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

First Name

Last Name

Subscriber's Date of Birth: \_\_\_\_\_ MM/DD/YYYY

Subscriber's Address: \_\_\_\_\_  
\_\_\_\_\_ (If different than Patient)

Street Address

City State

Zip Code

Secondary Insurance Policy Holder Relationship?  Self  Parent/Legal Guardian  Spouse Name of Insurance Company: \_\_\_\_\_ If no insurance, write "self-pay"

Subscriber/Member ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

SSN #: \_\_\_\_\_ (Medicare/Medicaid Recipient Only)

Subscriber's Name: \_\_\_\_\_

First Name

Last Name

Subscriber's Date of Birth: \_\_\_\_\_ MM/DD/YYYY



Subscriber's Address: \_\_\_\_\_  
\_\_\_\_\_ (If different than Patient)

Street Address

City

State

Zip Code

Please submit the copies of your insurance cards and ID to the front desk upon finishing filling out this form

For Medicare and Medicaid Recipients: ● Medicare Advantage/Managed Medicaid Plans - also include a copy of your Medicare Card. ● Medicaid Managed Care Plans - also include a copy of your State Medicaid Card.