

## YOUR MEDICAL INSURANCE COVERAGE

PLEASE CHECK ONE:

I HAVE MEDICAL INSURANCE COVERAGE THAT I CAN FILE. IF YOU CHECK THIS BOX, PLEASE PROCEED TO FILL OUT THE FORM BELOW.

I DO NOT HAVE MEDICAL INSURANCE THAT I CAN FILE

Although we do not file medical insurance or Medicare, **we still work closely with pharmacies, outside labs, and imaging clinics that may take your coverage.**

We may need to send you outside of our clinic for various testing, labs, x-rays or other types of imaging. We may also need to provide referrals to other medical offices or pharmacies on your behalf.

In order to do this efficiently and as quickly as possible so that we can serve you better as your provider, we may need to give the name of your insurance company to any of the above mentioned entities. If applicable, please provide us with the following information:

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Insurance Company name: \_\_\_\_\_

HMO \_\_\_\_\_

PPO \_\_\_\_\_

Do you have prescription coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

We have accounts with Quest and LabCorp. Which lab does your insurance company prefer?

Quest \_\_\_\_\_

LabCorp \_\_\_\_\_

Other \_\_\_\_\_

If your medical insurance changes at any time, please let us know so that we can let you update your insurance information.