

Insurance Information

If the Subscriber ID# is different from the Subscriber Social Security # please make sure to give us the subscriber social security # and date of birth. Your insurance company requires this information when we call on your behalf to check on a claim.

Primary Insurance Name of Insurance Carrier: _____

Subscriber ID# _____ Group # _____ Relationship to Patient: _____

Subscriber Name: _____ DOB: _____

Subscriber Address: _____

Subscriber Social Security #: _____ Employer: _____

Secondary Insurance Name of Insurance Carrier: _____

Member ID# _____ Group # _____ Relationship to Patient: _____

Member Name: _____ DOB: _____

Member Address: _____

Social Security #: _____ Employer: _____

Guarantor Information:

Name: _____ Social Security # _____

Relationship to Patient: _____ Male Female DOB: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____

Authorization:

I hereby authorize Meadowlark Psychiatric Services to furnish the insured's insurance company information, which said insurance company, may request concerning my present circumstances. I further authorized Meadowlark Psychiatric Services to release diagnostic information relative to my treatment, to a laboratory or hospital of my choice, for billing purposes only. I hereby assign Meadowlark Psychiatric Services all money to which I am entitled for expenses relating to the services performed from time to time, but not to exceed my indebtedness to Meadowlark Psychiatric Services. It is understood that any money received from the above named insurance company over and above my indebtedness will be refunded to me when my bill is paid in full. I understand that I am financially responsible to Meadowlark Psychiatric Services for charges not covered by this assignment. I further authorize photocopies to be made of this authorization and assignment for attachment to any insurance form and authorize the insurance company to accept the photocopy. The authorization shall continue and be in force and effect until revoked in writing by me.

Responsible Party Date