

INSURANCE INFORMATION FORM

Date _____

Please Print

Last Name _____ First Name _____ Middle Initial _____ Sex M ___ F ___

Address _____ City _____ State _____ Zip Code _____

Telephone Area Code _____ Number _____ Birth Date _____ Age _____

Marital Status --- S ___ M ___ W ___ D ___ Social Security Number _____

Patient's Employer _____ Employer's Phone _____
Spouse's Name _____ Spouse's Birth Date _____

(FOR EMERGENCY NUMBER PLEASE PUT A NUMBER OTHER THAN YOUR HOME NUMBER)

Emergency Contact _____ Phone Number _____

PLEASE LIST THE ONE DESIGNATED PERSON TO WHOM WE ARE ALLOWED TO DISCUSS YOUR PERSONAL HEALTH INFORMATION WITH:

Name _____ Phone Number _____

Insurance Coverage: _____

Ins Type _____ Ins ID# _____ Group # _____

PLEASE HAVE STAFF MAKE COPIES OF CARDS

Name of Referring Doctor _____ Phone Number _____

Address _____

Family Doctor _____ Phone Number _____

Address _____

AUTHORIZATION TO RELEASE INFORMATION

I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO THE PHYSICIANS OF VASCULAR ASSOCIATES, P.C.

I AUTHORIZE THE PHYSICIANS OF 800 POPLAR CHURCH ROAD, CAMP HILL, PA 17011/816 BELVEDERE STREET, CARLISLE, PA, 17013, TO RELEASE INFORMATION TO ANY PHYSICIANS PARTICIPATING IN MY MEDICAL CASE. I AUTHORIZE THE PHYSICIANS OF 800 POPLAR CHURCH ROAD, CAMP HILL, PA 17011/816 BELVEDERE STREET, CARLISLE, PA, 17013, TO RELEASE ANY INFORMATION TO MY INSURANCE COMPANY ACQUIRED IN THE COURSE OF MY EXAMINATION OR TREATMENT. I AUTHORIZE MEDICARE TO FURNISH TO THE PHYSICIANS OF 800 POPLAR CHURCH ROAD, CAMP HILL, PA 17011/816 BELVEDERE STREET, CARLISLE, PA, 17013, ANY INFORMATION REGARDING MY MEDICARE CLAIMS UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT. By signing this I agree that all the above information is correct and current.

Signature _____

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I have read the above and agree that it is correct and current.

Date _____ Initial _____ Date _____ Initial _____ Date _____ Initial _____

Date _____ Initial _____ Date _____ Initial _____ Date _____ Initial _____

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Date _____ Initial _____ Date _____ Initial _____ Date _____ Initial _____