



Health Insurance Intake Form



Name _____
Student _____ Single _____ Married _____ Other _____

PRIMARY HEALTH INSURANCE

Company & Plan name _____

ID # _____ Group # _____
(Include all letters and numbers)

Name of Policy Holder _____ Policy Holder's DOB _____

The Policy Holder is my: Self _____ Spouse/DP _____ Child _____ Other _____

If the Policy Holder of this insurance plan is not you answer these questions below with the information of the Policy Holder

Address _____

Employer _____ Male/Female _____ Phone # _____

SECONDARY HEALTH INSURANCE

Company & Plan name _____

ID # _____ Group # _____
(Include all letters and numbers)

Name of Policy Holder _____ Policy Holder's DOB _____

The Policy Holder is my: Self _____ Spouse/DP _____ Child _____ Other _____

If the Policy Holder of this insurance plan is not you answer these questions below with the information of the Policy Holder

Address _____

Employer _____ Male/Female _____ Phone # _____

PIP INSURANCE CLAIM (Auto Insurance)

CLAIM # _____ Address to send claims _____

Adjuster's Name _____ Adjuster's Phone # _____

Date of Injury _____ Name of Insured _____

I understand that all co-pays and co-insurances are due at the time of service. I understand that some third-party payers may require that my medical information, including copies of treatment notes, be submitted along with requests for payment. I hereby authorize Angela Linamen to release all medical information necessary to secure payment of benefits from the third-party payers specified above, and I authorize the use of this signature on all related submissions. I understand that this information may include medical information related to drug and alcohol abuse, sexually transmitted diseases, HIV/AIDS and mental health. I understand that this authorization shall remain valid without expiration unless expressly revoked by me in writing. I assign some benefits to be paid to the above named provider. In the event that my insurance coverage expires or denies payment, I understand that I am personally responsible for all fees incurred unless other arrangements have been made.

Signature _____ Date _____