

VALLEY BONE & JOINT CLINIC
INSURANCE INFORMATION SHEET

Today's Date _____ Referring Doctor _____ Primary Doctor _____

Patient's Full Legal Name: _____

Patient's Address: _____ City, State, Zip: _____

Marital Status: _____ Sex: _____ Birthdate: _____

Social Security Number: _____ Employer: _____ Title: _____

Home Phone: _____ Cell Phone: _____

Responsible Party *email:* _____

Holder's Full Legal Name: _____

Holder's Address: _____ City, State, Zip: _____

Marital Status: _____ Sex: _____ Birthdate: _____

Social Security Number: _____ Employer: _____ Title: _____

Home Phone: _____ Cell Phone: _____

Cardholder Information

Holder's Full Legal Name: _____

Holder's Address: _____ City, State, Zip: _____

Marital Status: _____ Sex: _____ Birthdate: _____

Social Security Number: _____ Employer: _____ Title: _____

Home Phone: _____ Cell Phone: _____

Insurance Information

Is this a work related injury? _____ Date, State, & Injured Body Part: _____

Worker's Comp Number: _____

Worker's Comp Carrier: _____

Worker's Comp Address: _____

Primary Insurance Carrier: _____

Policy Number: _____ Group Number: _____ SSN: _____

Address of Insurance Company: _____

Secondary Insurance Carrier: _____

Policy Number: _____ Group Number: _____ SSN: _____

Address of Insurance Company: _____

Alternate Contact

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Agreement

By signing this document I warrant the foregoing information to be true. I agree to pay all bills upon receipt of statement OR as expressly agreed. I authorize the release of all medical information necessary to process any insurance claims filed on my behalf and request payment of Medicare or other insurance benefits either to myself or to any doctor at this clinic, if assignment is accepted. I hereby authorize Valley Bone & Joint to investigate any data from me pertaining to my financial responsibility. I am aware that if I am unable to keep an appointment and I do not cancel, I may be charged a fee.

Signature: _____ Date: _____

If you do not have your insurance information with you, you will be considered a self-pay until you have contacted our business office with the required information.