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## DIRECT INSURANCE CLAIM PROCESSING

### TO OUR PATIENTS:

We now have the capability of processing your insurance claims electronically, saving you the time and effort required for mailing. Our office is now connected to a network directly linked to several insurance companies.

If your insurance company is one of those on the network, we will be able to submit your claim or pre-determination directly. This should result in a faster payment from the insurance company. Most insurance companies are part of this program. However, at the time of processing, we will confirm whether your insurance company is an Electronic Data Interchange (EDI) participant.

In order to provide you with maximum benefits from this service, we require the following information:

### POLICY HOLDER:

1. Name \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Certificate # or Employee # \_\_\_\_\_
4. Name of Insurance Company \_\_\_\_\_
5. Name of Employer \_\_\_\_\_
6. Group or Policy Number \_\_\_\_\_
7. Division Number \_\_\_\_\_

### DEPENDENTS COVERED BY POLICY HOLDER:

NAMES	DATE OF BIRTH	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For dependent children over age 18, please indicate school: \_\_\_\_\_

I authorize my insuring company plan administrator to release the information contained in these claims.

TODAY'S DATE \_\_\_\_\_ SIGNATURE: \_\_\_\_\_