
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. Social Insurance Number _____
4. Certificate # or Employee # _____
5. Name of Insurance Company _____
6. Name of Employer _____
7. Group or Policy Number _____
8. 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: _____