Katherine Calvert

4511 SE Cesar Chavez BLVD. Portland, OR 97202
503.705.2194

INSURANCE INFORMATION FORM

- If you have health insurance, it may pay for a part of the cost of your treatment here. To find out if this is so, I need the information requested below. I will explain any part of this form that you do not understand.
- Your co-pay or fee is due at the time of service. If your insurance company does not pay in a timely manner, you will be responsible for the bill.
- If you have any questions regarding your insurance benefits or coverage, please feel free to contact Nathan Holmes at 503-200-5551 Ext 105.

A. Patient's Name:_____
Patient's DOB: _____
Address: _____
Home Phone:_____Work Phone:_____

B. Name of Insured: _____
Relationship to Patient:_____
DOB of Insured: _____
Insurance Company Name: _____
Mailing Address to Submit Claims: _____
_____
Phone Number for Verification:_____
Insured's ID Number: _____ Group Number:_____
Employer: _____

C. I give this office permission to release any information obtained during examinations or treatment of this patient that is necessary to support any insurance claims on this account and secure timely payments due to the assignee or myself.

D. I understand that I am responsible for all charges, regardless of insurance coverage.

E. Assignment of benefits:

I hereby assign medical benefits, including those from government-sponsored programs and other health plans, to be paid to the therapist above. Medicare regulations may apply. A photocopy of this assignment is to be considered as good as the original.

_____
Client's Printed Name

_____ _____
Client's Signature (or parent/guardian's), indicating agreement to all of the statements above. Date

Therapist: _____