

New Patient Application

Name _____ Date _____

Name you like to be called _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Social Security # _____

Email _____ Occupation _____

Where would you like us to contact you for your reminder calls? Home ____ Cell ____ E-mail ____
If Cell, Cell Provider _____

Marital Status _____ Referred by _____

Section 1 Only applies to BlueCross of Illinois PPO

All other insurance or non-insurance patients skip to Section 2

Drs. Rockwood and Dr. Logan are BlueCross PPO Participating Providers however, not all services qualify as insurance billable. If you are unclear about which services are insurance billable please speak to the office manager prior to the day of your visit. In order for our office to take assignment on your claim you must present an original insurance card, photo identification and provide the name of the insured. If you do not have your insurance card with you, you will be required to pay on the day of your visit as if not insured. If at a later time you can provide an original insurance card we will submit the claim for you at that time.

I, _____, hereby direct all Blue Cross Blue Shield payments to be made directly to True Health for services rendered.

Name of Insured

Signature

Section 2 Applies to patients NOT in Blue Cross PPO Network

Payment is expected at the time of service and can be paid via cash, check, Mastercard, Visa, or Discover. Please indicate your status

_____ I do have insurance and would like to submit a claim for reimbursement.

Our office can provide a standard insurance claim (HCFA) for you to submit that you can add your group and identification numbers to before submitting it yourself. You will also receive a regular billing statement after your visit

_____ I do not have insurance and would prefer billing statements rather than claim forms.