Detweiler Family Medicine & Associates, PC

Insurance Worksheet

Thank you for choosing Detweiler Family Medicine to care for your medical needs. Please take a moment and thoroughly fill out this insurance worksheet. This will ensure that we are able to bill your health insurance carrier in a timely and problem-free fashion.

Section #1: Patient Information

Name (Last, First, Middle Initial) _____ Birthdate _____ Sex (M / F) _____

Mailing Address _____ City _____ State _____ Zip _____

Social Security Number* _____ Marital Status _____ Email Address _____

** - In order to bill your insurance company, we do require your SSN. If you chose not to remit this information, we will be unable to bill your health insurance carrier. Your information is secure with us – please review our Notice of Privacy Practices*

Section #2: Insurance Subscriber Information

(The subscriber is the person who is the policy holder. I.e., if you are covered under the insurance your husband receives at work, he is the "subscriber")

□ – Check here if you are the subscriber *(If you are subscriber, skip to section 3)*

□ – Check here if you do not have health insurance *(You have completed this worksheet)*

Subscriber Name (Last, First, Middle Initial) _____ Birthdate _____ Sex (M / F) _____

Mailing Address _____ City _____ State _____ Zip _____

Social Security Number* _____ Marital Status _____ Email Address _____

Section #3: Health Insurance Policy Details

Primary Insurance Carrier _____ Subscriber's Name _____ Relationship* _____ Policy Number _____

Secondary Insurance Carrier _____ Subscriber's Name _____ Relationship* _____ Policy Number _____

Tertiary Insurance Carrier _____ Subscriber's Name _____ Relationship* _____ Policy Number _____

*- Relationship = your relation to subscriber. I.e., self, spouse, child, handicapped dependent, minor dependant of a minor dependant, etc...

→→→In addition to completing this worksheet, please be certain to bring your health insurance identification card to your office visit←←←