

# 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*

Race: American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander   
 White  Black or African American  Hispanic  Other Race   
 Ethnicity: Hispanic or Latino  Not Hispanic or Latino

### 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...