



INSURANCE FORM

Patient Information

| | | | |
|------|-----|------|-----|
| Name | DOB | Name | DOB |
| Name | DOB | Name | DOB |
| Name | DOB | Name | DOB |

Medical Insurance Information *(ONLY if cards are not scanned)*

| | | | |
|----------------------|----------------|-------------|--------|
| Primary Insurance: | Member ID: | Group # | Copay: |
| Subscriber Name: | Date of Birth: | Group Name: | |
| Secondary Insurance: | Member ID | Group # | Copay |
| Subscriber Name: | Date of Birth: | Group Name: | |

Dental Insurance Information *(ONLY if cards are not scanned)*

| | | |
|--------------------|----------------|-------------|
| Primary Insurance: | Member ID: | Group #: |
| Subscriber Name: | Date of Birth: | Group Name: |

NON-COVERED SERVICES & CO-PAYS

As your medical provider, our relationship is with you and not your insurance carrier. We will file your claim to your insurance; however, **you are the sole responsible party for all charges which remain after insurance payments.** You will be responsible for your payment portion at the time of service. Failure to provide Heartland with current, accurate insurance information will result in all charges for services becoming the responsibility of the patient/responsible party. **All co-pays, co-insurance, and deductibles are due at the time the services are performed.** For patients with Medicare or Medicaid, please be advised there may be an applicable co-pay for services rendered. If we are not contracted with your insurance company, you will be 100% responsible for the payment at the time of service. Please be advised Heartland does not provide services for worker's compensation. Heartland also does not file claims for services related to motor vehicle accidents. Filing claims for auto accidents are the responsibility of the patient.

OUTSIDE LAB & X-RAY FEES

If you are sent for lab, it may be done at either Quest or Lawrence Memorial Hospital (LMH). Please check with your insurance to **see** if there is a preferred lab location. **If your labs are processed by LMH, you will receive a separate bill from LMH in the mail.** If you are uninsured and have labs sent to LMH, please ask for the LMH Financial Assistance Application to apply for reduced LMH fees. The application will need to be mailed or taken to LMH directly. Unfortunately, Heartland has no control over these prices. Our staff can provide you with the application and contact information of the LMH Financial Counselor who can assist you.

I acknowledge all the statements above.

Signature: _____ Print: _____ Date: _____