



HOLISTIC HEALTH ASSOCIATES

603-B W Patrick Street, Frederick, MD 21701 Phone: 301-620-1414
Privacy Officer Contact: Lauren Embrey

INSURANCE INTAKE FORM

Providers: Ryan Diener :: Priscilla Sullivan :: Caitlin Toft :: Frank Neely :: KJ Sauer :: Stephanie Owlfeather

Legal Name: Preferred Name:

Address: City State Zip

Client Phone: (day)

DOB: Sex: M or F Marital Status: S M D W Full Time Student? Y or N

Employer: Full Time: Part Time: Position:

Primary Insurance:

Primary Insurance Holder's Name: DOB:

Client's Relationship to Subscriber:

Insurance Phone Number (on card):

Member ID# Group #

Secondary Insurance:

Secondary Insurance Holder's Name: DOB:

Client's Relationship to Subscriber:

Insurance Phone Number:

Member ID# Group #

\*\*Please provide us with your insurance card(s) to photocopy for claims filing.\*\*

My signature below authorizes:

- 1) Provider to render treatment and apply for benefits.
2) Payment of medical benefits directly to the Provider.
3) The release of any medical or other information necessary to process this claim.
4) MEDICAL INSURANCE: We have contracts with BC/BS Carefirst, Cigna, Aetna and United Healthcare companies, and we will bill them as a service to you. As the responsible party, you are responsible if your insurance company declines to pay for any reason.

Signature of Patient or Patient Representative

Date

Printed Name of Patient or Patient Representative

Relationship to Patient