

## Insurance Information

### **Primary Insurance**

Name of Insurance Company \_\_\_\_\_

Policyholder \_\_\_\_\_

PT Relationship to Policyholder \_\_\_\_\_ ID Number \_\_\_\_\_

Group Number \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Policyholder's Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Work Phone \_\_\_\_\_

Policyholder Social Security Number \_\_\_\_\_ Employer \_\_\_\_\_

### **Secondary Insurance**

Name of Insurance Company \_\_\_\_\_

Policyholder \_\_\_\_\_

PT Relationship to Policyholder \_\_\_\_\_ ID Number \_\_\_\_\_

Group Number \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Policyholder's Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Work Phone \_\_\_\_\_

Policyholder Social Security Number \_\_\_\_\_ Employer \_\_\_\_\_

### **Private Accounts**

The office of James Leipzig, M.D. will file insurance claims on your behalf if you present your insurance card(s) at the time of your appointment. Exceptions to this policy include out of state Medicaid. Payment of your co-insurance, as defined by your insurance carrier, is required at the time of service. If your insurance company requires a referral/authorization this MUST be made PRIOR to your visit. Patients without prior authorization from the PCP will be asked to pay in full at time of service. Uninsured patients are required to pay in full for services rendered at the time of appointment. The office of James M. Leipzig, M.D. will not be responsible for negotiating a settlement or disputed claim with your insurance company.

### **Liability Accounts**

When you have been involved in an accident, your health insurance may be filed, provided they make payment without waiting for all other involved insurances to be exhausted. Medical expense coverage provided by your automobile carrier cannot be filed for an auto-related accident. Premises medical coverage may pay your medical bills as they are incurred if you were injured on the property of a business or homeowner. This information must be supplied at the time of your appointment. If health or premises medical insurance coverage information is not available, you will be given the necessary forms to file your own claim; however, payment in full will be required at the time services are rendered.

### **Authorization**

Prior to your visit, your employer or their worker's compensation carrier must call this office to establish your injury or occupational disease as a recognized work-related problem. Without this verification, you will be responsible for payment of your account. Laws governing work-related injuries require your physician to submit a report of your progress following each visit to your employer, insurer, and/or rehabilitation representative. In the event the employer or insurer denies you verification, your claim can be filed with your private health insurance, and as a private account, co-payment would be expected at time of visit. If you have any questions, please contact our office at 725-9771.

My signature below represents that I have read and understand these policies of the office of James M. Leipzig, M.D. I also agree to make available information required and necessary for James M. Leipzig, M.D. to file insurance claims on my behalf, and that ultimately, I am responsible for my account, and failure to make payment on a timely basis may result in collection actions.

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(Signature)

(Date)