

### Client Registration for Insurance Benefits

CLIENT INFORMATION	
Name (Last, First, MI) _____	Date _____
Address _____	City _____ State _____ Zip _____
Home Phone(____) _____	Alternate Phone(____) _____ Email _____
Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> separated <input type="checkbox"/> divorced	Birthdate _____ Age _____
Soc. Sec # _____	Due Date _____ LMP _____
Date of initial exam (not interview): _____	

INSURANCE INFORMATION	
<b>Primary Insurance</b> _____	Plan Name _____ Effective _____
Ins. Address _____	City, State, Zip _____ Ins. Phone _____
Subscriber Name _____	Subscriber's DOB _____ Subscriber's SS# _____
ID# on Card _____	Group # _____ Electronic payor ID# _____
Client's relationship to Subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	
<b>Secondary Insurance</b> _____	Plan Name _____ Effective _____
Ins. Address _____	City, State, Zip _____ Ins. Phone _____
Subscriber Name _____	Subscriber's DOB _____ Subscriber's SS# _____
ID# on Card _____	Group # _____ Electronic payor ID# _____
Client's relationship to Subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	

I hereby authorize the irrevocable assignment and transfer of the benefits of my insurance policy to the office of Brandy Ross, ND, LM, and authorize her to act as my representative with regard to my medical claims. This assignment includes direct communication with the insurance carrier regarding my claims, the right to appeal denied claims and to release any information necessary to process my insurance claims. I authorize my insurance company to make payment directly to my provider.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: Brandy Ross, ND, LM does not routinely verify benefits for clients. You are responsible for any charges not covered by your insurance company.