

LAKESHORE FAMILY MEDICINE
7060 Erie Road, Suite 100 Derby, NY 14047

INSURANCE INFORMATION

INFORMATION FOR THE PATIENT:

NAME: _____

DOB: _____

ADDRESS: _____

TELEPHONE: _____

SS# _____

DO YOU HAVE INSURANCE?

YES NO

ARE YOU COVERED BY SOME ONE ELSE'S INSURANCE?

YES NO

WHO HOLDS THE POLICY FOR THIS INSURANCE?

PARENT

SPOUSE

OTHER

INFORMATION FOR THE INSURANCE POLICY HOLDER:

NAME: _____

DOB: _____

ADDRESS: _____

TELEPHONE: _____

SS# _____

PLEASE BE AWARE THAT IF YOUR INSURANCE COMPANY REQUIRES YOU TO NAME YOUR PRIMARY CARE PHYSICIAN YOU MUST CALL THE CUSTOMER SERVICE NUMBER ON YOUR INSURANCE CARD AND DO THIS BEFORE YOUR APPOINTMENT OR YOUR BILL WILL NOT GET PAID. THEY WILL GIVE YOU A CONFIRMATION NUMBER TO BRING TO THE APPOINTMENT. ALSO BE AWARE THAT WE CAN NOT BILL YOUR INSURANCE WITHOUT THE CORRECT SOCIAL SECURITY NUMBER.

YOUR HEALTH INSURANCE WILL NOT COVER INJURIES SUSTAINED AT WORK OR INJURIES FROM A MOTOR VEHICLE ACCIDENT.