DrGmed Inc.
Community Mental Health Center
FL: 305.450.9651 NM: 505.977.0110
786.535.1164

INSURANCE AND BILLING INFORMATION

Patient Name: _____
First MI Last

Birthdate: _____

INSURANCE INFORMATION

ALL APPLICABLE INFORMATION (FOUND ON YOUR CARD) MUST BE COMPLETED

Person financially responsible for account: _____
Relationship to patient:_____Birthdate:_____SSN: _____

PRIMARY INSURANCE:

Patient's Primary Insurance: _____
Subscriber/Member ID #: _____
Group:_____
Primary Insured Name:_____and DOB: _____
Required for TRICARE clients ONLY: Sponsor's SSN: _____

SECONDARY INSURANCE (if applicable)

Insurance Name: _____
Subscriber/Member ID#_____Group # : _____
Primary Insured Name and DOB:_____DOB: _____

HAVE YOU CONTACTED YOUR INSURANCE COMPANY TO VERIFY YOUR ELIGIBILTY FOR MENTAL HEALTH SERVICES?

Yes: ☐ **No:** ☐ *If not, please do so prior to your first appointment.*

TREATMENT CONSENT, FINANCIAL RESPONSIBILITY, AND RELEASE OF INFORMATION

I agree to be financially responsible for cancelled appointments in accordance with the DrGmed, Inc cancellation policy as documented by my signature on the Informed Consent. I authorize insurance benefits to be paid directly to DrGmed, Inc and that DrGmed, Inc may release any information to my insurance provider required for processing my claims.

Signature of Patient or Guardian:_____Date: _____

Printed Name:

This notice accompanies a disclosure of information concerning a client that might be in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.