

Greenville Pulmonary Associates [GPA ]-Patient Intake form

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

SS# \_\_\_\_\_ Marital Status \_\_\_\_\_ DME Company \_\_\_\_\_

Primary Physician \_\_\_\_\_ Pharmacy \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ work \_\_\_\_\_

Email address \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Secondary Insurance \_\_\_\_\_ Tertiary Ins \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy Holder \_\_\_\_\_ Policy Holder \_\_\_\_\_

DOB \_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_

SS# \_\_\_\_\_ SS# \_\_\_\_\_ SS# \_\_\_\_\_

Please read carefully and sign below

GPA is committed to committed to securing the privacy of your health information. We are supplying you with a copy of our Notice of Privacy Practices. By Initializing, you are acknowledging receipt of this notice.

Request that payment of insurance benefits be made on my behalf to GPA for any services furnished to me by the providers associated with GPA.

Appoint GPA to act as my authorized representative in requesting an appeal from my insurance plan regarding denial of services or denial of payment.

You must pay any co-payment and deductible amounts at the time of service. The remainder of your bill will be sent to your health plan for direct payment to our office. You will be responsible for amounts that are not covered by your insurance.

If, by mistake, your health plan remits payment to you, please send it to us along with all paperwork sent to you at the time.

You consent to receiving appointment reminders by text messaging and voice reminders

There will be a \$50.00 fee applied to Patient responsibility for any appointment no shows

I have completed this form with accurate information. I have read and understand my obligations and responsibilities. I acknowledge that I am fully responsible for supplying correct insurance information, billing information and payment of any services not covered or approved by my insurance carrier

Signature (Patient/Authorized Rep) \_\_\_\_\_ Date \_\_\_\_\_