

## Patient Information Sheet

**TO FULLY EXPEDITE BENEFITS, THIS FORM MUST BE COMPLETELY FILLED OUT**

www.pumpsit.com

### Patient Information

Patient's Legal Name:	FIRST	MI	LAST	Patient DOB:	MM/DD/YYYY
Preferred Name:	FIRST	MI	LAST	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
(Check all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> F.T. Student <input type="checkbox"/> P.T. Student <input type="checkbox"/> Other					
Street Address:				SSN:	(optional)
City:	State:	Zip:	E-mail: (if available)		
Home Phone: ( )	Work Phone: ( )		Mobile Phone: ( ) (if applicable)		
Alternate Contact Person: Relationship to Patient: <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Other				Phone: ( )	
May We Leave A Message At: (check all that apply) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile					

### Doctor Information

Doctor Name:		
Phone: ( )	Fax: ( )	
Street Address:		E-mail: (if available)
City:	State:	Zip:

### Assignment of Insurance Benefits

I understand insurance billing is a service provided as a courtesy, and I am at all times personally responsible for any fees not covered by my insurance carrier. I further authorize my insurance company(s) to pay benefits directly to Pumps It Inc. Should any insurance payment be made directly to the insured for monies due on the account, I agree to immediately pay over these funds to Pumps It Inc. If Pumps It Inc. is denied payment in whole or part for any non-covered services, I personally guarantee payment in full. **I also acknowledge that I am responsible for any deductible, co-pay; or other balance not covered by my insurance carrier, except if I am enrolled in an approved Medicaid program. I agree to notify Pumps It Inc. immediately of any changes to my insurance coverage.**

Primary Policy Holder Signature: \_\_\_\_\_ Date \_\_\_\_\_

Secondary Policy Holder Signature: \_\_\_\_\_ Date \_\_\_\_\_

Patient/Guarantor Signature: \_\_\_\_\_ Date \_\_\_\_\_