524 Zeagler Drive
Palatka, Florida
(386) 385-3857 fax (386) 530-2052
HyperbaricsPalatka@gmail.com
NPI#1518518042

INSURANCE BILLING INFORMATION SHEET

PATIENT NAME:_____ Date of Birth: _____ Male ___ Female ____

Primary Insurance Information:

Insurance Company: _____ Plan Name:_____

Subscriber ID#:_____ Insurance Phone#:_____

Subscriber Name:_____ Subscriber D/O/B:_____ Male ___ Female ___

Subscriber Address:_____

City: _____ State: _____ Zip: _____

Secondary Insurance Information:

Insurance Company: _____ Plan Name:_____

Subscriber ID#:_____ Insurance Phone#:_____

Subscriber Name:_____ Subscriber D/O/B:_____ Male ___ Female ___

Subscriber Address:_____

City: _____ State: _____ Zip: _____

All insurance companies provide different coverage and different coverage terms. Hyperbaric Health Services – Palatka will work to ensure patients receive maximum coverage benefits from all applicable coverage sources. The patient listed above is ultimately responsible for for their health care coverage and any co-insurance or co-pays applicable. If your insurance company requires a co-pay, you may be billed these amounts by Hyperbaric Health Services – Palatka. Patients will be notified of co-pay responsibility prior to treatment. If you are unclear on your benefits, please ask our staff to assist you in getting an explanation of benefits.

By signing below, I authorize Hyperbaric Health Services – Palatka to collect remittance from eligible insurance plan providers and agree that I may be billed for any co-pay or co-insurance required by my insurance company.

_____ _____

Signature of Patient/Date Signature of Subscriber if Different/Date

Please return to HHSP via fax, email or delivery.