

Insurance Form--Premera Microsoft

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Neena Gabrielle, O.D., FCOVD

Please note that Dr. Gabrielle is a non-contract provider with all insurance companies. In most cases, we do not or we are unable to bill your insurance. Please note that benefits and coverage are different for a non-contract provider.

Insurance Information: (we are collecting this information to keep on file in case your insurance company contacts us in regards to a claim you have submitted and so that we may effectively help you get reimbursement)
"Subscriber" is the person who receives insurance coverage from his/her employer.
"Patient" may be the subscriber or may be a family member of the subscriber also covered by the insurance.

Patient (Last, First)

Person Filling Out Form

Primary Insurance Company

Subscriber's Name

Subscriber's Birthdate

ID Number

Group Number

Plan Name

Subscriber's Address (if different than patient's)

Subscriber's Phone # (if different than patient's)

Subscriber's Employer

Occupation

Subscriber's Work #

I hereby authorize the release of any medical or other information necessary to process insurance claims when needed. I also authorize payment directly to the doctor for any benefits available as a non contracted provider under my insurance plan. I understand that I am financially responsible for any non-covered charges and charges incurred by a collection agency in collecting any unpaid balances. I understand that Dr. Neena Gabrielle is a non-contract provider for all insurance plans and the amount due for the visit is my responsibility. In cases where EFVC can bill my insurance as a non-contract provider, I understand that I am responsible for the balance of the bill. I understand that it is my responsibility to contact my insurance to review benefits and coverage. I understand that it is my responsibility to obtain any referrals from my PCP as outlined by my insurance policy.

Signature of Responsible Party

Date

Staff Initials

Date