



Path to Awareness, PC
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Insurance Intake

Dx _____
 Circle One:
 CB JA

This form is required for all clients who are covered by insurance / EAP/ managed care.

1. Client Name: _____ DOB: _____
 Gender: Male Female Other
 Address _____
 Phone: _____ Alternate Contact: _____
 Is it alright to leave confidential messages? Yes No

Email: _____ Email may not be a confidential form of communication. Your email will not be shared or solicited. Listing your email here constitutes permission to send protected health information via email.

2. Name of Primary Insured: _____ DOB: _____
 Relationship to insured: _____ Employer: _____

3. Insurance Company: _____ Phone: _____
 This policy is: Primary Secondary // Do you have another insurance? Yes No
 Are you covered by the Oregon Health Plan/Medicaid? Yes No Medicare? Yes No
 ID#: _____ Group # _____
 Check one of the following: Health Insurance EAP Worker's Compensation Auto Insurance
 Address: _____
 Insurance Payer ID: _____

I have been given an opportunity to read the Notice of Privacy Practices, and I hereby authorize Path to Awareness, PC and appointed billing agent(s) to provide summary of care and assessment information regarding evaluation and/or treatment of (client's name) _____ for the purpose of evaluating and processing claims for benefits.

(Optional) I would like to authorize _____ to receive billing/financial information on my account.
 (Please attach a release of information form)

I am aware that Path to Awareness, PC does not and cannot bill Medicare (per Opt out description in MLN Matters SE1311) and I may be responsible for amounts that Medicare does not pay. I will ask for more information about Medicare Opt-out if needed. I further authorize payment of medical benefits to Path to Awareness, PC for services provided.

Signed: _____ Date: _____
 Relationship to Client: Self Other: _____

For Office Use Only:
 Ph _____ Dt ____/____/____ Rep _____ Eff ____/____/____
 Ded _____ Cal Plan: _____ Pd@ _____ Co _____ Net _____
 V Limit ____/____ MN Auth PEC Wait Exempt _____
 OOP _____ Other: _____
 Eml ____/____/____ Cl pt ____/____/____ @ ____:____ LM Ph Eml Mail