



Gastroenterology, 2300 Southwood Dr., Nashua, NH 03063 603-577-4081P 603-577-4277F

**Insurance Information Form**

Patients Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

The Name of Your Medical Insurance Company \_\_\_\_\_

Example = (Medicare, Blue Cross Blue Shield, Cigna, Harvard Pilgrim etc.)

Please check off you medical plan type if known

HMO \_\_\_ PPO \_\_\_ POS \_\_\_ Other \_\_\_

**Please fill in the Claim Address for your Insurance:**

(Normally found on the back of the insurance card)

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

The Insurance Co. Customer Service Telephone # \_\_\_\_\_

Your Insurance Identification Number \_\_\_\_\_

The Group Number (if Applicable) \_\_\_\_\_

Your Office Visit Co-pay Amount (if Applicable) \$ \_\_\_\_\_

The Effective Date of Insurance \_\_\_\_\_

Relationship to Subscriber of the insurance \_\_\_\_\_

Example (Spouse, Dependent Child, Civil Union Life Partner)

Subscriber's Name \_\_\_\_\_

Subscriber's Date of Birth \_\_\_\_\_

Primary Care Provider \_\_\_\_\_