Lifedoc Health
825 Valleybrook Dr,
Memphis, TN 38120
Tel: (901) 683 0024
Fax: (901) 683 0086

LifeDoc HEALTH

Date:______/__________/__________

Insurance or Payment Information

Please provide a copy of your all of your medical, vision, pharmacy, and all other insurance cards at the time of the visit for Lifedoc Health to scan and keep a copy on your file.

Patient's Primary Insurance

Medical Insurance Name____________________ Guarantor Name ____________________

Subscriber ID ______________________ Termination Date ___________________

Patient's other insurance information

Medical Insurance Name____________________ Guarantor Name ____________________

Subscriber ID ______________________ Termination Date ___________________

***Any additional insurance information should also be collected and scanned into the patient chart**

Patient Financial Responsibility

I declare that the information is reported above is correct. I also allow Lifedoc Health to use any of my demographic information to lookup additional coverage and file claims to insurances that I may not have reported above. I have been advised and accept responsibility for the payment of any medical services or tests from laboratories not covered by my insurance company, including but not limited to co-payments or rates of taxation of co-insurance, or laboratory. I understand that it is my decision to continue or not with any procedure not covered or paid by the health insurance company and understand the consequences of not proceeding with preferred service. I also agree that this agreement replaces any previous agreement signed by me or my name.

___________________________ ___________________________
Patient's Name **Patients Signature**

___________________________ ___________________________
Parent/ Legal Gaurdian Name **Parent/Legal Gaurdian Signature**