

Washington Interventional Spine Associates, P.S.
12301 NE 10th Place, Suite 101, Bellevue, WA 98005
Phone: 425-454-1111 Fax: 425-454-7653

Personal

Patient Name:	Date:	
Address:		
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	Email address:
Social Security Number:		
Home Phone #:	Cell Phone #:	
Employer:		
Emergency Contact:		

Insurance

Insurance Company:	
Insurance Company Phone Number:	
Member ID:	Group #:
Policy Holder's Name:	
Policy Holder's Social Security Number:	
Policy Holder's DOB:	Policy Holder's Employer:

Assignment and release:

I authorize my insurance company to pay Washington Interventional Spine Associates, P.S. directly for my treatment. I also authorize the release of any medical information necessary to process these claims. I understand that, regardless of insurance coverage, I am financially responsible for any balance due. All account balances over 30 days are subject to a finance charge of 1% a month and 12% per annum with a \$2.00 minimum.

I also understand that prior authorization of procedures by my insurance is not a guarantee of payment and is subject to review by my insurance company based on my individual plan.

The above information is complete and accurate to the best of my knowledge.

Signature

Date