



<input type="checkbox"/> <b>Bill: LIEN AGREEMENT</b>		<b>LEGAL / INSURANCE CONTACTS</b>	
<input type="checkbox"/> JHW to speak w/attorney			
<input type="checkbox"/> <b>Bill Attorney</b>			
Attorney:		E-mail:	
Paralegal / Alternative Contact:		E-mail:	
Company:			
Billing Address:			
City: Denver		State:	Zip:
Phone:		Fax:	
<input type="checkbox"/> <b>Bill: PRIMARY INSURANCE</b>			
<b>Relationship to Policyholder:</b>			
Insurance Co:			
Claims Address:			
Policyholder's Name:		Policyholder SS#	DOB:
Do they live at the same address as pt: <b>Y N</b>		Employer: Employed: <input type="checkbox"/> FT <input type="checkbox"/> PT	
Policyholder's Address if different:			
Claim #	Member ID:		Group #
Ins. Adjustor:	Phone:		Fax::
Conf #	Exp. Date:		# of Visits:
Referral Required <b>Y N</b> Co-Pay: \$ 0 <b>Paper Claim w/Notes? Y N</b> Internet Eligibility Attached?			
<input type="checkbox"/> <b>Bill: SECONDARY INSURANCE</b>			
<b>Relationship to Policyholder:</b>			
Insurance Co:			
Claims Address:			
Policyholder's Name:		Policyholder SS#	DOB:
Do they live at the same address as pt: <b>Y N</b>		Employer: Employed: <input type="checkbox"/> FT <input type="checkbox"/> PT	
Policyholder's Address if different:			
Claim #	Member ID:		Group#
Ins. Adjustor:	Phone:		Fax::
Conf #	Exp. Date:		# of Visits:
Referral Required <b>Y N</b> Co-Pay: \$ <b>Paper Claim w/Notes? Y N</b> Internet Eligibility Attached?			