

MEDPOINT ADVANTAGE

THE ADVANTAGE IS YOURS
COMPLETE THE ENTIRE ENROLLMENT FORM

888-777-06851

DIABETES PLAN INDIVIDUAL
ENROLLMENT FORM

LAST NAME: _____ FIRST NAME: _____

BIRTH DATE: ____/____/____ M F HOME PHONE: _____

RESIDENCE STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME AS IT IS LISTED ON YOUR MEDICARE CARD: _____

MEDICARE CLAIM NUMBER: _____

EFFECTIVE DATE HOSPITAL (PART A): _____

EFFECTIVE DATE HOSPITAL (PART B): _____

MEDICAID CLAIM NUMBER: _____

INDIVIDUAL OR GROUP INSURANCE COMPANY/PLAN OR MEDICARE ADVANTAGE COMPANY/PLAN INFORMATION:

INSURANCE COMPANY/PLAN CARRIER: _____

INSURANCE/PLAN CUSTOMER ID NUMBER: _____

TELEPHONE NUMBER FOR PROVIDERS TO VERIFY BENEFITS OR COVERAGE: _____

PRIMARY DIABETIC PHYSICIAN: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

DATE OF LAST VISIT: _____

ARE YOU INSULIN DEPENDANT? Y N DO YOU USE BYETTA? Y N

IF YES, DO YOU INJECT IN AM PM DO YOU USE A SHORT NEEDLE LONG NEEDLE

HOW MANY TIMES DAILY DO YOU CHECK YOUR BLOOD SUGAR? _____ TIMES DAILY

DO YOU HAVE A MONITOR? Y N IF YES, WHAT BRAND MONITOR? _____

CURRENT DIABETIC SUPPLIER: _____ DATE LAST RECEIVED SUPPLIES: _____

I authorize the release of any medical or other information necessary for MedPoint to process and submit my claims.

I authorize payments for medical supplies furnished to me by MedPoint be paid directly to them.

I agree that if any insurance company sends me the payments, I will send all of the payments received directly to MedPoint as soon as I receive them. I understand my insurance payments for the supplies belong to MedPoint. I understand that using the insurance payments for anything other than paying for my supplies is against the law.

I authorize MedPoint to contact me at periodic intervals to determine my need for supplies which may be rented or purchased by me.

YOUR SIGNATURE: _____ TODAY'S DATE: _____

CITY: _____ STATE: _____ ZIP: _____

PLAN AGENT/PRODUCER SECTION ONLY:

AGENT/PRODUCER SIGNATURE: *Ed Martin* TODAY'S DATE: _____

AGENT/PRODUCER: **Premier Financial Solutions Ed Martin** AGENT/PRODUCER ID# **0005-050-2292**

SUBMIT BY FAX:
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