



*required (you must select billing type)

- ☐ Medicare
- ☐ Medicare Through Insurance Company
- ☒ Insurance
- ☐ Self Pay

Enter Insurance Company Name

Enter Your Payer ID

(May be on back of card. If unable to locate enter telephone number of insurance company xxx-xxx-xxxx)

Enter Your Member ID



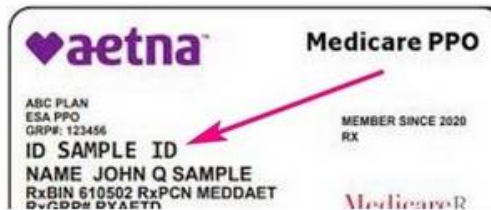
*required (you must select billing type)

- ☐ Medicare
- ☒ Medicare Through Insurance Company
- ☐ Insurance (non-Medicare)
- ☐ Self Pay

Enter Insurance Company

Enter Your Medicare ID

Use the ID from the card you normally present to your healthcare provider.





*required (you must select billing type)

- ☒ Medicare
- ☐ Medicare Through Insurance Company
- ☐ Insurance
- ☐ Self Pay

Enter Your Medicare ID

Use the ID from the card you normally present to your healthcare provider.





*required (you must select billing type)

- ☐ Medicare
- ☐ Medicare Through Insurance Company
- ☒ Insurance
- ☐ Self Pay

Enter Insurance Company Name

Enter Your Payer ID

(May be on back of card. If unable to locate enter telephone number of insurance company xxx-xxx-xxxx)

Enter Your Member ID