



Pal-Med, Inc.

ASSIGNMENT OF BENEFITS AND SIGNATURE AUTHORIZATION FORM
Telephone Toll-Free 1-888-472-5633 Toll Free Fax 1-877-472-8555
P.O. Box 2538 West Columbia, SC 29171 803-791-9013

PATIENT INFORMATION

PATIENT NAME				DATE OF BIRTH	MALE FEMALE
ADDRESS			CITY	STATE	ZIP
INSULIN (IDDM)			NON INSULIN (NIDDM)		
PATIENT MEDICARE OR SS NO.	PHONE NUMBER PLEASE INCLUDE AREA CODE ()		EMPLOYED ? YES NO		Married Widowed Single Divorced
EMERGENCY CONTACT AND TELEPHONE NUMBER			SS#	PHYSICIANS FAX #. ()	
PHYSICIANS NAME AND ADDRESS			Physician UPIN	PHYSICIANS PHONE NUMBER ()	

INSURANCE INFORMATION

#1 PRIMARY INSURANCE POLICY

#2 SECONDARY INSURANCE POLICY

NAME OF INSURANCE COMPANY		NAME OF INSURANCE COMPANY	
ADDRESS		ADDRESS	
CITY	STATE ZIP	CITY	STATE ZIP
INSURANCE CO. PHONE NUMBER (IF KNOWN)		INSURANCE CO. PHONE NUMBER (IF KNOWN)	
EFFECTIVE DATE OF POLICY		EFFECTIVE DATE OF POLICY	
MEDICAID OR PRIVATE INSURANCE POLICY NO.		MEDICAID OR PRIVATE INSURANCE POLICY NO.	
SIGNATURE AUTHORIZATION AND ASSIGNMENT OF BENEFITS			

Office Use Only

CSR: _____ RS: _____ SN: _____

POS: _____

Patient Financial
Responsibility: _____
