THE NEURO SURGERY SPINE CENTER ©
2793 E. Millennium Place, Ste. 1 • Fayetteville, AR 72703
(479) 582-9025 • (888) 300-9218

INSURANCE INFORMATION

PRIMARY INSURANCE

INSURANCE NAME:_____

ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

POLICYHOLDER:_____POLICY #:_____

GROUP #:_____PHONE #: (_____)_____COPAY:_____

SECONDARY INSURANCE

INSURANCE NAME:_____

ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

POLICYHOLDER:_____POLICY #:_____

GROUP #:_____PHONE #: (_____)_____COPAY:_____

DRIVERS LICESE #:_____STATE:_____EXP DATE:_____

The Neurosurgery Spine Center will file all charges to my insurance carrier as a courtesy; however, I understand that I am ultimately responsible for payment of services regardless of insurance coverage. If my account is referred to a collection agency, I understand that I am responsible for collection fees and any legal fees that are incurred by this action. I have been given a copy of the Neurosurgery Spine Center Payment Options Sheet and understand the charges for any outstanding balance remainng on my account and agree to these.

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PATIENT / GUARDIAN SIGNATURE DATE