Innovative Medical Billing – Margaret Otero, Biller & Coder
CLIENT REGISTRATION FORM

(Please Print)

Today's Date:	Due Date:	LMP (last monthly period):	First Pregnancy?

CLIENT INFORMATION

Last Name:	First:	MI:	Marital status: Single ☐ Mar ☐ Div ☐ Sep ☐
Have you seen another provider for this pregnancy? (OB, Labs, etc.)			Birth date: / Age:
Street address:	Cell phone:		Home phone no.: ( )
P.O. box:	City:	State:	ZIP Code:
Email Address:			Concurrent or Hybrid Care?
Midwife:	Birth Place Preferred: Home, Birth Center, Hospital		

INSURANCE INFORMATION

Subscriber's name (main policy holder)	Birth date:	Address (if different from above):	Email Address (if different):

Please indicate primary insurance	☐ Blue Shield	☐ Anthem BC	☐ Aetna	☐ United Healthcare	☐ Cigna
Other:	Insurance Address:			Plan Name:	
Subscriber info:	Subscriber's SSN (optional):	Group no.:		Policy #:	
Insurance Phone Number (for Providers)					
Client's relationship to subscriber:	☐ Self	☐ Spouse	☐ Child	☐ Other	
Name of secondary insurance (if applicable):	Subscriber's name:			Group no.:	Policy no.:
Patient's relationship to subscriber:	☐ Self	☐ Spouse	☐ Child	☐ Other	

SIGNATURE - BENEFITS

The above information is true to the best of my knowledge. I authorize the irrevocable assignment and transfer of the benefits of my insurance company to my midwife, named above, including her billing company, Innovative Medical Billing Inc, and I authorize them to act as my representative in regards to my medical claims. This assignment includes communication with the insurance carrier regarding my claims, the right to appeal denied claims, and to release any information necessary to process my insurance claims. I authorize my insurance company to make payment directly to my provider. I have included a copy of my insurance card, front and back.

Signature of Client: Date:

I choose to hire *Innovative Medical Billing* Inc to verify my benefits. I will pay or have paid the $30 fee for my primary and $20 more if I have a secondary insurance plan I want checked online at www.innovativemedicalbillinginc.com on the Payment Page using PayPal. ☐

I choose to very benefits myself. I understand I must submit a completed Verification of Benefits form, a copy of my insurance card, front and back, to either my midwife or to *Innovative Medical Billing* Inc in order to have claims billed on my behalf. I can also, at a later date, choose to hire *Innovative Medical Billing Inc* to assist with benefits, authorizations, referrals, or in-network exceptions. The $30 fee would then apply. ☐

Notes or specific requests: