

INTAKE ADDENDUM

HEALTH INSURANCE SECTION:

Do you have private Health Insurance (BCBS, Humana, etc)? YES/NO

If YES, please advise the health insurance plan name and member ID number:

Plan Name: _____ Member ID #: _____

Is this health insurance through an employer? YES/NO

If so, please name employer: _____

Do you have Medicare? YES/NO

If YES, please advise your Medicare ID number from red, white and blue card (typically SSN+A): _____

If YES, please advise any supplemental Medicare insurance (Parts C & D) and member ID number you may have, if any (Humana Gold, People's Health, Wellcare, etc):

Plan Name: _____ Member ID #: _____

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If YES, are you a Railroad Retirement Board (RRB) beneficiary? YES/NO

Do you have State Medicaid? YES/NO

If YES, please advise the State name and member ID number:

Which State: _____ Member ID #: _____

- Please advise of any managed care plans you may have, if any:

Plan Name: _____ Member ID #: _____

Do you have Tricare (military) or CHAMPVA (family)? YES/NO

If YES, please advise the military branch, member ID number, and sponsor info:

Which Branch: _____ Member ID #: _____

Sponsor Name: _____ Sponsor SSN: _____

Did you attend treatment for this case at any VA clinic? YES/NO

If YES, please advise the name of all VA clinics where treatment occurred:
