

Acelis Connected Health Home INR Monitoring *Customer Information Form*

CUSTOMER INFORMATION

First Name, M.I., Last Name	Date of Birth	Gender
		<input type="checkbox"/> Female <input type="checkbox"/> Male
Mailing Address	City	State Zip
Primary Phone Number	Alternate Phone Number	Email
Physician Name	Physician phone	

Please complete the following to allow an alternate contact person to discuss customer care with Acelis Connected Health. If the customer is physically or mentally unable to sign, this document can be signed by a representative of the customer.

Alternate Contact Person	Relationship to Customer
Mailing Address <input type="checkbox"/> SAME AS CUSTOMER	Primary Phone Number

INSURANCE INFORMATION

Insurance Name	Insurance Phone Number
Insurance Address	City State Zip
Insurance Policy or Member Number	Insurance Effective Date
Insurance Group Number	Insurance Expiration Date

ACKNOWLEDGEMENT OF BENEFITS

Please complete the following Acknowledgment of Benefits from Acelis Connected Health

Customer or Representative please read and initial the following:

_____ I acknowledge the Acelis Connected Health Notice of Privacy Practices available in the Welcome Book and online at PTINR.com.

_____ I authorize the release of any medical or other information necessary to verify benefits, process claims, or provide appropriate care or related services provided by Acelis Connected Health or its Agents.

_____ I authorize Medicare and/or any other insurance plans under which I am covered to make payment to Acelis Connected Health or its Assignee of authorized benefits on my behalf, for products or services furnished to me. I understand charges will not occur until I have reviewed expected out-of-pocket costs and given my consent to move forward. At that point I will accept financial responsibility for any deductible, co-insurance and non-covered charges.

By signing below I acknowledge I have read and accept the statements listed above.

CUSTOMER OR REPRESENTATIVE SIGNATURE: _____ Date _____

Print Name _____ Relationship _____

Fax completed form to 1.925.606.6978 or Mail to:

Acelis Connected Health • 6465 National Drive • Livermore, CA 94550 Questions?
Call Acelis Connected Health at 1.800.504.4032 • ptinr.com



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CUSPIW