Idaho State UNIVERSITY

Bengal Laboratory
970 S. 5th Ave., Bldg. 8, Pocatello, ID 83209
Phone: 208.251.6260 / Fax: 208.282.4190

Patient Demographics

Patient Name: _____ **DOB:** _____

Address: _____ **Sex:** ☐ Male ☐ Female

_____ **SS No:** _____

Work Phone: _____ **Phone:** _____

Physician: _____ **Office Phone:** _____

Referred By: _____ **Primary Language:** _____

Patient is: ☐ ISU Student ☐ ISU Faculty/Staff ☐ Community

Insurance Information

Insurance Provider(s): (Please check all that apply)

☐ Blue Cross ☐ Regence BS ☐ Medicare ☐ Medicaid ☐ Pacific Source

☐ Select Health ☐ VA ☐ Ameriben ☐ UHC ☐ Tricare

☐ Private Pay ☐ PQA ☐ Other: _____

Primary Subscriber ID: _____ **Group No.:** _____

Subscriber Name: _____ **DOB:** _____

Secondary Subscriber ID: _____ **Group No.:** _____

Subscriber Name: _____ **DOB:** _____

Address: (if different from above) _____

Employer: _____ **Student Status:** ☐ FT ☐ PT

Billing Policy

We bill all major insurance companies. We require a physician's referral or prescription for services billed to insurance. All co-insurance fees will be due after insurance has been billed and processed. Cash pay patients must pay at the time of service. Accounts past due more than 90 days will be sent to collections.

Consent

I authorize Idaho State University to release information necessary to process insurance claims on my behalf. I understand that I am responsible for all charges regardless of insurance and understand the billing policy as stated above. I also understand that supervised graduate students may participate in the treatment of the patient as part of their educational program, and hold ISU harmless for any incident related to this treatment.

Signed By: _____ **Date:** _____

Parent/Guardian or Responsible Party