

MINNESOTA LUNG CENTER/MINNESOTA SLEEP INSTITUTE

PATIENT REGISTRATION

PATIENT INFORMATION

Patient's Last Name		First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital Status		<input type="checkbox"/> Sgl	<input type="checkbox"/> Mar	<input type="checkbox"/> Div	<input type="checkbox"/> Sep	<input type="checkbox"/> Wid
Is this your legal name ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name ?		(Former Name)		Birth Date		Age	Sex		<input type="checkbox"/> M	<input type="checkbox"/> F	
Street Address		City	State	Zip Code	Social Security No.		Home Phone No.		()			
P.O. Box		City	State	Zip Code			Cell Phone No.		()			
Occupation			Employer				Employer Phone No.			()		
Employment Status: FT <input type="checkbox"/> PT <input type="checkbox"/> Self Employed <input type="checkbox"/> Military <input type="checkbox"/> Not Employed <input type="checkbox"/>							Email Address					
NAME OF PRIMARY CARE PHYSICIAN & CLINIC						Physician Phone Number:						
Referring Physician						()						
How were you referred? <input type="checkbox"/> Physician <input type="checkbox"/> Family/Friend <input type="checkbox"/> Website <input type="checkbox"/> Billboard <input type="checkbox"/> Ads												

INSURANCE INFORMATION

(PLEASE GIVE YOUR INSURANCE CARD TO THE RECEPTIONIST)

Person Responsible for Bill:		Birth Date:	Address (if Different):		Home Phone No.	
Is this person a patient here ? <input type="checkbox"/> Yes <input type="checkbox"/> No				()		
Occupation:	Employer:	Employer Address:		Employer Phone No.		
Is this patient covered by insurance ? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Please indicate primary insurance: <input type="checkbox"/> BLUE CROSS <input type="checkbox"/> HEALTHPARTNERS <input type="checkbox"/> PATIENT CHOICE <input type="checkbox"/> MEDICA CHOICE <input type="checkbox"/> MEDICARE (B) <input type="checkbox"/> UCARE FOR SENIORS <input type="checkbox"/> UCARE <input type="checkbox"/> WORK COMP <input type="checkbox"/> MN/MA <input type="checkbox"/> Other _____						
Subscriber's Name:		Subscriber's Social Security #	Birth Date:	Group #	Policy #	Co-Payment \$
Patient's Relationship to Subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____						
Name of Secondary Insurance (if applicable):		Subscriber's Name:		Group #:	Policy #:	
Patient's Relationship to Subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____						

IN CASE OF EMERGENCY

Name of local friend or relative (not living at the same address)		Relationship to Patient:	Home Phone No.	Work Phone No.
			()	()

The above information is true to the best of my knowledge, I authorize my insurance benefits to be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize MINNESOTA LUNG CENTER/MINNESOTA SLEEP INSTITUTE to release any information required to process my claims.

X _____
 PATIENT/GUARDIAN SIGNATURE DATE

ATTENTION:

All patients under Managed Care with a primary care clinic with insurance plans listed below **will need referrals:**

Aetna Managed Choice, Blue Plus, Patient Choice, HealthPartners, Medica Premier, Medica Elect, Medica Advantage Plan, Medica Primary (MSHO Dual Solutions), Preferred One PCP, Select Car POS, Ucare and plans needing referrals.

You are required to bring your referrals with you at the time of your visit or have your Primary Care clinic fax the referral to Minnesota Lung Center / Minnesota Sleep Institute at 952-567-7414 prior to your visit. If you are part of Fairview Physicians Associates or Minnesota Healthcare Network a written referral is not required.

All co-pays must be paid at time of visit or a \$5.00 late fee will be charged.

If you have any questions, please contact our business office at 952-567-7400.

Minnesota Lung Center / Minnesota Sleep Institute

To Our Patients:

Insurance and Billing Information

The Minnesota Lung Center and Sleep Institute advises all patients having a sleep study to verify their DME coverage (durable medical equipment) and approximate out-of-pocket expense. This information is available by calling the customer service number located on the back of your insurance card. Our physicians may want to have you start using a PAP device immediately after your sleep study. Knowing your insurance costs creates less stress. Some billing questions can be answered at the time of PAP set-up or if needed, referred to our billing office.

The Minnesota Lung Center & Sleep Institute will verify insurance coverage and obtain an “insurance estimate” of the amount owed by the patient for their medical equipment. Most patients will be told their “insurance estimate” when they are set up with equipment. Patients will be expected to pay the out-of-pocket expense prior to the time of equipment set-up. Patient may pay using a credit card or with a personal check.