

# CLIENT APPLICATION



## PATIENT INFORMATION

**Patients Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Ship To Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ **E-mail** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

## INSURANCE INFORMATION

**Primary Insurance** \_\_\_\_\_ **Secondary Insurance** \_\_\_\_\_  
**Medicare Claim Number** \_\_\_\_\_ Does the patient have secondary insurance? \_\_\_\_\_  
**Name as written on Red/White/Blue Medicare Card:** \_\_\_\_\_ Insurance Company \_\_\_\_\_  
ID number \_\_\_\_\_

\*\*\*\*\*Are you signing up for a new plan today? Y N  
Company: \_\_\_\_\_  
Effect Date: \_\_\_\_\_

## PRESCRIBING PHYSICIAN INFORMATION

**Name** \_\_\_\_\_ **Clinic** \_\_\_\_\_  
**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Date of Last Visit** \_\_\_\_\_  
**NPI#** \_\_\_\_\_ **LUPIN** \_\_\_\_\_  
**MEDICAID #** \_\_\_\_\_

## SUPPLIES INFORMATION

**Current Supplier** \_\_\_\_\_ **Date Last Received Supplies** \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <b>Diabetic</b>                              | <b>Arthritis</b>                            | <b>Mobility</b>                           |
| <input type="checkbox"/> Regular Heating Pad | <input type="checkbox"/> Heating pad w/pump | <input type="checkbox"/> Scooter          |
| <input type="checkbox"/> Ed Pump             | <input type="checkbox"/> Thermoskin Wrap    | <input type="checkbox"/> Power Wheelchair |
| <input type="checkbox"/> Diabetic Supplies   | <input type="checkbox"/> ED Pump            |   |

**Beneficiary Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*By filling out this form, I authorize Relief Health Services and/or any of its affiliates to contact me regarding the coordination of shipment and/or the furnishing of a Medicare covered item that is to be rented or purchased.

## WRITING AGENT

\*Must complete all red fields