PAYOR PLAN / INSURED

Consumer Last Name _____ Consumer ID _____

Payor Plan _____ Payor Plan ID _____
Payor Group _____
Begin Date _____ End Date _____
Payor Ranking _____ Plan Group Number _____
Group Name _____ Card Issue Date _____
Coverage Code _____ Termination Reason _____

Use Linked Person as Insured ☐ YES ☐ NO Use Insured SSN ☐ YES ☐ NO
Insured Last Name _____ Insured ID _____
Insured ID Number _____ Consumer Relation to Insured _____
Notes _____

Assignment of Benefits
Begin Date _____ End Date _____

Release of Information _____
Begin Date _____ End Date _____

Signature Source _____
Begin Date _____ End Date _____

INSURED

Name Type _____ Name Prefix Mr.☐ Miss ☐ Mrs.☐ Ms.☐
Last Name _____ First Name _____
Middle Name _____ Name Suffix Esq ☐ MA☐ MD☐ PhD☐ RN☐
Generation Jr.☐ Sr.☐ I ☐ II☐ III☐ IV☐ V☐ System of Care _____
Social Security Number _____ Date of Birth _____
Notes _____

Add Address? ☐ Yes ☐ No Add Telephone Number? ☐ _____
Address _____ City _____
State _____ Zip _____

Gender M☐ F☐ Other☐ Date Retired _____
Employment Status _____
Employee ID Number _____ Employer _____

Add Employer Address? ☐ Address _____ City _____ State _____ Zip _____

PAYOR INSURED
PR 03/28/2007

CLINICAL & INSURED: Located in Sharecare Main Menu / Access / Consumer