

Children's Mercy - Preferred Pediatrics

241 NW McNary Ct. Lee's
Summit, MO 64086
(816) 347-0064
Fax: (816) 347-0593

James McEntire, DO, FAAP
Noel Graham, MD, FAAP
Sherri Quick, RN, MSN, CPNP


INSURANCE CHANGE FORM

Today's Date: _____

Old Insurance: _____

New Insurance:

| | |
|-----------------------------------|--|
| Subscriber Name (or name on card) | Effective Date |
| Subscriber Date of Birth | |
| Member ID: | Group ID: |
| Claims Address | Name of Patient(s) Date of Birth: |



ABC INSURANCE

PARTNERS

| | | | | | | | | | |
|--|--|--------------|------|-------------|------|------------|------|----------------|-------|
| <p>1 Member Name JOHN Q SAMPLE</p> <p>2 MemberID Number HFM3HZN12345678</p> <p>3 GROUP NUMBER 012345-6789</p> <p>4 EFFECTIVE DATE XX/XX/XXXX</p> <p>5 PLAN CODE 380/780</p> <p>CONTRACT TYPE FAMILY</p> <p>PCP NAME DOE DR, JOHN</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td>OFFICE VISIT</td> <td style="text-align: right;">\$30</td> </tr> <tr> <td>URGENT CARE</td> <td style="text-align: right;">\$50</td> </tr> <tr> <td>SPECIALIST</td> <td style="text-align: right;">\$30</td> </tr> <tr> <td>EMERGENCY ROOM</td> <td style="text-align: right;">\$100</td> </tr> </table> <p>RxBIN 012345</p> <p>RxPCN ABCD</p> <p>RxGRP 0123456789</p> <p style="text-align: right;">PPO</p> | OFFICE VISIT | \$30 | URGENT CARE | \$50 | SPECIALIST | \$30 | EMERGENCY ROOM | \$100 |
| OFFICE VISIT | \$30 | | | | | | | | |
| URGENT CARE | \$50 | | | | | | | | |
| SPECIALIST | \$30 | | | | | | | | |
| EMERGENCY ROOM | \$100 | | | | | | | | |

www.ABCInsurance.com

24/7 Nurse Health Information Line call 1-888-123-4567
For EAP and Behavioral Health assistance 1-888-123-4567
24/7 Doctors at 1-888-123-4567 or Teladoc.com

The primary care cvmdv czvlm clzdf lvdm,v.v,xz.v,mcv afkc
,d .vd vdl amv m,xzcv czlv ,ZLv fv,v.,v.z/XV,z v ,cvclvb vFoff
mv cv,mv z vd mcmxzvZLVm vmvdmF dfefke md" vzVI mv
vdmvlbmlvmbls acfdvdfll.

6 ABC Insurance Partners
P.O. BOX 12345
ANYWHERE US 123456 - 0789

7

| | |
|-----------------------|----------------|
| MEMBER SERVICES | 1-888-123-4567 |
| PRECERTIFICATION ONLY | 1-888-123-4567 |
| RX MEMBER SERVICES | 1-888-123-4567 |

- 1 Subscriber Name:** If commercial insurance this is the name of parent carrying insurance. All other insurance it is patient name.
- 2 Member ID:** If card does not say Member ID this usually the top set of numbers.
- 3 Group ID:** Card will say Group ID or use second set of numbers.

- 4 Effective Date:** Date Insurance coverage started.
- 5 Primary Care:** This should be the name of a provider in our office.
- 6 Claims Address:** This is the address of your insurance company.
- 7 Member Services:** This number is for customer service.