

ASSIGNMENT OF INSURANCE BENEFITS

Diabetes Equipment & Referral Service

Luis F. Guzman Jr.

Tax ID: 20-2038501

Marci S. Guzman, R.N., B.S.

NPI: 1942203948

5112 Karen Dr.

Panora, IA 50216

OFFICE USE:

866-846-8083

Deductible:_____

Fax: 641-755-4491

Coinsurance:_____

mguzman@netins.net

DME Maximum:_____

Patient Information

Spouse/Guardian Info

Name:_____Name:_____

Address: _____Address:_____

City/State/Zip:_____City/State/Zip:_____

Home Phone:_____Home Phone:_____

Work/Cell Phone:_____Alternate Phone:_____

Date of Birth:_____Date of Birth:_____

SSN:_____SSN:_____

Employer/Student:_____Employer:_____

Patient's Relationship to Policyholder: Self Spouse Child Other

Physician Information

Physician's Name:_____

Address:_____

Phone:_____Fax:_____

Insurance Information

Insurance Company:_____Phone:_____

Address:_____

Policyholder:_____ID#_____Group#_____

Date:_____

