



Insurance Information

We are not contracted with any insurance company and do not submit claims for our services. If you intend to file a claim, please provide your primary insurance information only. This will assist us in responding if your insurance carrier or if your labs company needs additional information from the providers at Tutera Medical Inc. **I agree to pay in full for all services rendered on the day of service.**

- I do not have insurance
- I have Medicare
- I have AHCCCS (Medicaid)
- I choose not to give my insurance and understand claims cannot be discussed with my insurance

I, _____, hereby certify that I am eligible with
 (Patient Name)
 _____, as my insurance carrier.
 (Name of Insurance Carrier)

- I am the subscriber
- My spouse is the subscriber

Spouse's name: _____ Date of Birth: _____

My Policy #: _____ Group #: _____

Effective date: _____

Claim address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I understand that the providers with Tutera Medical Inc are not contracted with my insurance company. I agree to pay in full for all services rendered on the day of service.

Signature

Date