



916 Highway 69
Fort Scott, KS 66701
(620) 223-0200

Primary Insurance _____
Policy Holder's Name _____
Date of Birth _____ Social Security # ____ - ____ - ____
Insurance ID # _____ Group # _____
Relationship to Patient _____

Secondary Insurance _____
Policy Holder's Name _____
Date of Birth _____ Social Security # ____ - ____ - ____
Insurance ID # _____ Group # _____
Relationship to Patient _____

I authorize Gregory H. Quinlan, D.O. or his representatives to file my insurance assigned and receive payment for services rendered. I also understand that I am responsible for any balance that is not paid or covered by my insurance.

Signed: _____ Date: _____

Please allow us to make copies of your insurance cards for your chart. Thank you.