

INSURANCE INFORMATION

SHASHI S BELLUR MD
600 RIVER POINT DR, SUITE 101
CONROE, TEXAS 77304

We file your insurance as a courtesy to you. You should take the time to learn your benefits and how your insurance company pays for service you receive in our office. It is your responsibility to make sure that the insurance information that we have on file is correct and up to date. If a claim is denied due to incorrect information, then you will be held responsible for the bill.

Patient Signature _____ Date _____
.....

Insurance Company _____
Insured Name _____ Date of Birth _____
Policy ID # _____ Group # _____
Insurance Phone # _____

2nd Insurance _____
Insured Name _____ Date of Birth _____
Policy ID # _____ Group # _____
Insurance Phone # _____

3rd Insurance _____
Insured Name _____ Date of Birth _____
Policy ID # _____ Group # _____
Insurance Phone # _____

ACKNOWLEDGEMENT OF REVIEW OF PRIVACY PRACTICES FOR SHASHI S. BELLUR, MD

I have reviewed Shashi S Bellur, MD, PA's Notice of Privacy Practice's, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature _____ Date _____