

### Insurance Information

If you are covered by a BCBS plan or the NC State Health Plan, Dr. Whiteside *must* file claims for you and benefits *must be assigned to him* unless you "opt out" in writing, and self-pay. Provide information below and sign authorization on the Master Signature Page.

Even if you are covered by a plan in which Dr. Whiteside participates, you are responsible for deductible, co-payments, co-insurance, pre-authorizations, and authorization renewals. Non-covered services that are requested or required are charged out-of-network rates (see Rate Schedule). Insurance never covers late-cancelled or missed-without-notice fees. It is your responsibility to familiarize yourself with particular provisions of your policy. Notify *RW-PhD-PC* of any changes in your coverage. If Dr. Whiteside does not participate in your insurance network, you will pay in full at each session or leave a credit card authorization on file. You may file your own claims for reimbursement by submitting the "Superbill" for each session with your company's claim form.

*Enter all of the **policyholder's** information, even if she or he is not the patient.*

**POLICYHOLDER's** name: \_\_\_\_\_ **Policyholder's** birth date: \_\_\_\_\_

Policyholder's subscriber number: \_\_\_\_\_ The policyholder is:  Patient  Child  Spouse

Name of medical insurance company & plan: \_\_\_\_\_

**PATIENT's** name (if not the policyholder): \_\_\_\_\_ Patient's birth date: \_\_\_\_\_

**Patient's** policy I.D. number: \_\_\_\_\_ (if different from the policyholder's)

*We must obtain a copy of both sides of your insurance card at your first visit.*

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### E-mail Information

If you wish to exchange e-mail with Dr. Whiteside or his assistant for purposes of scheduling, for billing or claims filing issues, or for forwarding documents, please provide contact information below and sign authorization on the Master Signature Page.

\_\_\_\_\_  
Please print patient's name

\_\_\_\_\_  
**Patient's** E-mail address

\_\_\_\_\_  
Print name of parent or spouse authorized to receive e-mail

\_\_\_\_\_  
**Parent or spouse/partner's** e-mail address

\_\_\_\_\_  
Other

\_\_\_\_\_  
**Additional authorized** E-mail address

### Other information that you wish to provide