

To update your address, or provide a different mailing address for your credit card, please complete.

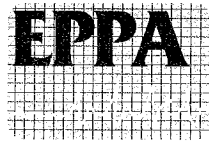
Guarantor's Name		Phone # ()	
Guarantor's Address	City	State	Zip Code

PRIMARY INSURANCE COVERAGE		Patient's Relationship to Insured <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER	
Insurance Company Name		Phone # ()	
Insurance Company Address			
Policy Holders Name		Birthdate / /	
Policy #	Group #	Policy Effective Date / /	

SECONDARY INSURANCE COVERAGE		Patient's Relationship to Insured <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER	
Insurance Company Name		Phone # ()	
Insurance Company Address			
Policy Holders Name		Birthdate / /	
Policy #	Group #	Policy Effective Date / /	

Please Read and Sign Below: I Authorize the release of any medical information necessary to process this claim and request payment of benefits directly to Emergency Physicians Professional Association.

X _____ Date _____



Emergency Physicians Professional Association
 5435 Feltl Road
 Minnetonka, MN 55343
 (952) 857-1500
 Fed. ID Number 41-0949999

INSTRUCTIONS TO PATIENT

Complete the form above and return to our office.
 Please make a copy for your own personal records.
 If this injury is due to an automobile accident, a claim should be filed with your auto insurance company rather than your medical insurance carrier. Contact your insurance agent if you have any questions.

A PHYSICIANS SIGNATURE IS NOT REQUIRED

We are separate from the hospital and our billing procedures are different. Please call our office if you have any questions.
 If the account balance is your responsibility, send your payment to Emergency Physicians P. A. today.

INSTRUCTIONS TO INSURANCE COMPANY

Emergency Physicians Professional Association sees patients on an emergency basis only.
 Any information regarding previous symptoms or consultations or disability should be obtained from the patient's private physician.
 Please make payment of the claim directly to Emergency Physicians Professional Association.

OUR CREDIT POLICY

All charges are due and payable upon receipt of the initial billing. If you cannot pay the balance in full in 30 days, please call our business office to arrange an approved payment plan. Delayed payment by your insurance carrier is not a valid reason for delayed payment to us, and we do not accept responsibility for collection or negotiation of insurance claims even if we helped you submit.

If there is an overpayment due to Insurance, the amount will be refunded.

