



Heath Penland, MD
Heidi Hollinger, CRNP, PMHNP
James Taylor, LPC
953 Jeff Rd. NW Huntsville, AL. 35806
(P) 256-322-6272* (F) 256-322-4987

CURRENT PATIENT CHANGES OR UPDATES FOR
INSURANCE, FINANCIAL OR POLICY HOLDER INFORMATION

Print Patient Name: _____ **DOB:** _____

Primary Insurance Information Changes:

Insurance Company: _____ Contract #: _____ Group #: _____

Effective Date: _____ Policy Holder Name: _____

Policy Holder SS#: _____ Date of Birth: _____ Relationship to Patient: _____

Policy Holder Street Address: _____

City: _____ State: _____ Zip: _____

Policy Holder Phone #: _____ Sex: Male Female Other

Secondary Insurance Information: We DO NOT file secondary insurance at this location.
We are very limited to what we can try to file on any Secondary Claims

Insurance Company: _____ Contract #: _____ Group #: _____

Policy Holder Name: _____ Effective Date: _____

Policy Holder SS#: _____ Date of Birth: _____ Sex: Male Female Other

Relationship to Patient: _____

Address or Phone Number Changes ONLY

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician/provider. I understand that I am financially responsible for any balance due. I also authorize North Alabama Psychiatric Associates or insurance company to release any information required to process my claims.

Patient/ Guardian or responsible party signature: _____

Date _____