

Mark A. Ellis, MD

Board Certified Pain Management Specialist



Terrance L. Hughes, MD

Board Certified Pain Management Specialist and PM&R

Employment & Insurance Information

Employer: _____ Phone: _____

Primary Insurance: _____

Policy No.: _____

Group No.: _____

Secondary Insurance: _____

Policy No.: _____

Group No.: _____

Tertiary Insurance: _____

Policy No.: _____

Group No.: _____

Please Note: OUR OFFICE **MUST** HAVE A COPY OF YOUR **CURRENT** INSURANCE CARD OR YOU WILL BE EXPECTED TO PAY IN FULL AT THE TIME OF SERVICE.

It is the policy of Ellis Pain Center to pay for services in full when rendered. If this applies to you, we will file your claim and you will be expected to pay what the insurance does not pay.

I herby give my personal guarantee of payment for all charges herein occurred. I herby authorize my insurance benefits be paid to the Physician and I am financially responsible for non-covered services. I also authorize the Physician to release any information for the processing of claims.

Patient Signature

Date

Witnessed By