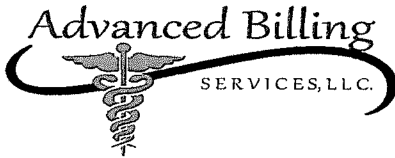
Phone: 701-221-9810 - Fax: 701-221-9812
Toll free Phone: 877-685-9810 -Toll free fax # 877-685-9812
EMAIL: april@advancedbillingserv.com



Patient Information

Patient First Name ____________________ Last Name ________________________

Date of Birth __________Gender: M_____ F______ Social Security # _________________

Home Address: ____

Phone #'s ___________________Home Cell Work _________________Home Cell Work

Employer Name___________________________ Marital Status __________________________

Insurance Information

Insurance _______________________________ ID #___________________________________

Ins. Phone #:______________________Address_______________________________________

Employer __________________ Group # __________________ Insured D.O.B. __________

Card holder name (if different)_________________________ Relationship to Patient ________

please make any comments below regarding and second or tertiary insurances or special instructions
Comments:

Billing Information

Date Seen ______________ CPT Code ____________ Charge Amount __________________

ICD-9 Code ________________2nd/3rd ICD-9 Codes_________________ __________________

Amount patient paid____________________________ Check or Cash _____________________

Comments:____

____

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