



LARSEN
BILLING SERVICE

PREVIOUS DEMOGRAPHIC INFORMATION FORM

Please fax this form to Diane at 360.825.1855 or email: diane.harston@larsenbilling.com

Important Note: If you have ever billed insurance companies under other demographic information, or if other businesses, clinics, or hospitals have billed insurance companies on your behalf using your name, it is very important that you provide that information to us so that we can make sure those insurance companies show current information for you in their computer. Failure to address this could result in your insurance checks being sent to an old address or even being paid to an old business that you used to work for. (Insurance companies don't typically pay attention to the provider information we put on the claim form; they go with what is already on file in their computer for you.) Please provide us with all of the information we need to be able to process these important changes for you. Please note that it can take several weeks for us to receive confirmation that the insurance companies have made the requested updates to their systems.

Please list any PREVIOUS demographic information below. Your current demographic information will be listed on a separate form with Larsen Billing Service. On this form, we only need you to provide previous information that is no longer valid.

Previous Provider Name: _____

Previous Credentials: _____

Previous Business Name: _____

Previous Clinic or Hospital Affiliation: _____

Previous Mailing Address (where insurance checks were sent to): _____

City: _____ County: _____ State: _____ ZIP: _____

Previous Individual Tax Identification Number: _____ SSN EIN

Previous Group Tax Identification Number: _____ SSN EIN

Please check all of the insurance companies below that had been billed with this previous information. Please also list all other companies you can think of that had been billed.

AETNA CIGNA UNITED HEALTH CARE

BLUE CROSS BLUE SHIELD – Previous BC/BS Provider #: _____

MEDICAID – Previous Medicaid Provider #: _____

OTHER INSURANCE COMPANIES: _____

Have you made any efforts to update your information with any of these companies? If so, please explain: _____

I understand that Larsen Billing Service is not responsible for denied or delayed claims resulting in my failure to provide them with all of the previous demographic information requested on this form.

Signature: _____ **Date:** _____

Print Name: _____