

Enter Dr Office information below:



818 Forest Ave, Staten Island, NY 10310
TEL: 718-981-9000 FAX: 718-509-3578

Patient Enrollment Form

FOR OFFICE USE ONLY
CHARACTER:

NEBULIZER SERIAL #:

DO NOT ALTER OR CHANGE

Please fill out form clearly & completely.

Patient Name: _____ SEX: M F

DOB: ____/____/____ Diagnosis (ICD-10): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ - _____

Parent Responsible for Insurance: _____

Parent DOB: ____/____/____ Parent SSN: _____

Insurance: _____ ID #: _____

Parent E-Mail address: _____

We are now accepting electronic payments. Please provide your E-Mail address to receive electronic invoice and receipts.



By signing below, I acknowledge that I have been provided a Nebulizer and that I authorize Enexia Healthcare to bill my Insurance for the cost of services rendered. It is my responsibility to understand my insurance coverage and whether or not I have Durable Medical Equipment (DME) coverage. *The following insurances are **not** accepted: Affinity, Cigna, Tri-Care, The Empire Plan, United Healthcare, Oxford, Horizon & Federal BCBS, Healthcare Partners and GHI.* I will be invoiced \$40 and responsible for the cost.

Signature of Patient or Authorized Representative

Date

**KINDLY FAX THIS COMPLETED FORM ALONG WITH THE PRESCRIPTION
TO 718-509-3578 OR 718-981-4191.**