

Acelis Connected Health Home INR Monitoring *Customer Information Form*

CUSTOMER INFORMATION

First Name, M.I., Last Name		Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Mailing Address		City	State	Zip
Primary Phone Number	Alternate Phone Number	Email		
Physician Name		Physician phone		

Please complete the following to allow an alternate contact person to discuss customer care with Acelis Connected Health. If the customer is physically or mentally unable to sign, this document can be signed by a representative of the customer.

Alternate Contact Person		Relationship to Customer	
Mailing Address	<input type="checkbox"/> SAME AS CUSTOMER	Primary Phone Number	

INSURANCE INFORMATION

Insurance Name	Insurance Phone Number		
Insurance Address	City	State	Zip
Insurance Policy or Member Number	Insurance Effective Date		
Insurance Group Number	Insurance Expiration Date		

ACKNOWLEDGEMENT OF BENEFITS

Please complete the following Acknowledgment of Benefits from Acelis Connected Health

Customer or Representative please read and initial the following:

- _____ I acknowledge the Acelis Connected Health Notice of Privacy Practices available in the Welcome Book and online at PTINR.com.
- _____ I authorize the release of any medical or other information necessary to verify benefits, process claims, or provide appropriate care or related services provided by Acelis Connected Health or its Agents.
- _____ I authorize Medicare and/or any other insurance plans under which I am covered to make payment to Acelis Connected Health or its Assignee of authorized benefits on my behalf, for products or services furnished to me. I understand charges will not occur until I have reviewed expected out-of-pocket costs and given my consent to move forward. At that point I will accept financial responsibility for any deductible, co-insurance and non-covered charges.

By signing below I acknowledge I have read and accept the statements listed above.

CUSTOMER OR REPRESENTATIVE SIGNATURE: _____ **Date** _____

Print Name _____ **Relationship** _____

Fax completed form to 1.925.606.6978 or Mail to:
Acelis Connected Health • 6465 National Drive • Livermore, CA 94550 Questions?
Call Acelis Connected Health at 1.877.262.4669, Option 1 • ptinr.com



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