Region Ten Community Services Board
502 OLD LYNCHBURG ROAD
CHARLOTTESVILLE, VA 22903

Consumer Name/ID*	**Date of Birth***	**Social Security Number**

Responsible Party (Person Receiving Bill)		
Name*	Social Security Number	Relationship to Consumer*
Billing Address*		
City*	State*	Zip Code*
Physical Address (if different)		
City	State	Zip Code
Employer	1st Phone	2nd Phone

Other person authorized to discuss payment of your account		
Name	Relationship to Consumer	1st Phone

Medicaid		Type of Medicaid (circle one):		
Policy Number:		Aetna Better Health	Anthem Healthkeepers	Magellan CompleteCare
Effective Date:	Fee For Service	Optima	United Healthcare	Virginia Premier

Medicare Part B	Policy Number	Effective Date

Commercial Insurance		
Insurance Company	Effective Date	Policy Number
Subscriber Name	Subscriber Phone	Group Number
Subscriber Address	Subscriber's Employer	Relationship to Subscriber
Deductible and Co-payment Amounts	Allowed Amount Percentage	Number of Visits per Year

- Region Ten CSB agrees to make every reasonable effort to file for any insurance or other third party coverage benefits.
- I understand that I am responsible for any fees that are not covered by a combination of payments I have made and payments received from my insurance. I will also be responsible for any third party co-payments and deductibles.
- I authorize the release of any medical, financial or service information necessary to process insurance and other third party claims.
- I also authorize all third party payers to pay directly to Region Ten any benefits to which I am entitled.
- I authorize the release of any financial and/or service information necessary to the 'other person' above for the settlement of my account.
- I request that payment of authorized Medicare benefits be made on my behalf to Region Ten CSB for any services furnished by it staff.
- I authorize any holder of medical information about me to release to Medicare and its agents any information needed to determine these benefits or the benefit payable for related services.

Signature Date