



COASTAL EMPIRE

*Plastic Surgery*

*Advanced beauty solutions with a caring touch*

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### MEDICAL INSURANCE RECORD

#### INSURANCE # 1 (PRIMARY)

Name of insured \_\_\_\_\_

Insured's social security # \_\_\_\_\_ Sex \_\_\_\_\_ Date of birth \_\_\_\_\_

Patient's relationship to insured  Self  Spouse  Child  Other Effective date of coverage \_\_\_\_\_

Insured's employer \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance company name \_\_\_\_\_

Address to mail claim form \_\_\_\_\_

Is this a PPO or HMO? \_\_\_\_\_ Do you have a co-pay? yes / no Amount? \_\_\_\_\_

Is a referral form or number required for your visit today? yes / no # \_\_\_\_\_

Does your insurance require pre-certification? yes / no Does your insurance require a second opinion? yes / no

#### INSURANCE # 2

Name of insured \_\_\_\_\_

Insured's social security # \_\_\_\_\_ Sex \_\_\_\_\_ Date of birth \_\_\_\_\_

Patient's relationship to insured  Self  Spouse  Child  Other Effective date of coverage \_\_\_\_\_

Insured's employer \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance company name \_\_\_\_\_

Address to mail claim form \_\_\_\_\_

Is this a PPO or HMO? \_\_\_\_\_ Do you have a co-pay? yes / no Amount? \_\_\_\_\_

Is a referral form or number required for your visit today? yes / no # \_\_\_\_\_

Does your insurance require pre-certification? yes / no Does your insurance require a second opinion? yes / no

#### INSURANCE # 3

Name of insured \_\_\_\_\_

Insured's social security # \_\_\_\_\_ Sex \_\_\_\_\_ Date of birth \_\_\_\_\_

Patient's relationship to insured  Self  Spouse  Child  Other Effective date of coverage \_\_\_\_\_

Insured's employer \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance company name \_\_\_\_\_

Address to mail claim form \_\_\_\_\_

Is this a PPO or HMO? \_\_\_\_\_ Do you have a co-pay? yes / no Amount? \_\_\_\_\_

Is a referral form or number required for your visit today? yes / no # \_\_\_\_\_

Does your insurance require pre-certification? yes / no Does your insurance require a second opinion? yes / no