


MediBill Kareo Faxing Orientation

When faxing up files, simple page orientation helps or hinders our work enormously! We don't print Kareo faxes (kFaxes) typically; they come in digitally. Though we can rotate a page, if a page is incorrectly faxed upside-down, it adds unnecessary steps for your biller which greatly impacts our efficiency. Be sure to fax up intakes top first as shown below.



Feed into fax This End first!

PRACTICE NAME **NEW PATIENT SETUP**

New Patient Returning Patient

PATIENT FULL NAME (First MI Last): _____

DOB: _____ SOCIAL SECURITY #: _____ GENDER: M F

STREET ADDRESS: _____ Apt / No. _____

CITY: _____ STATE: _____ ZIP: _____

MAIN / HOME PHONE: _____

OTHER PHONE: Cell Work : _____

Send statements to someone other than Patient? NO

YES: Guarantor's Full Name: _____
Guarantor's Street Address (if different from pt): _____ Apt / No. _____
Guarantor's City: _____ State _____ Zip _____

PRIMARY INSURANCE COMPANY: _____

PRIMARY INSURANCE ID#: _____ Group# _____

PRIMARY INSURANCE SUPPORT PHONE (Back of card) #: _____

STATE MEDICAID ID # (if any): _____

If insurance is under another name such as for Tricare, Champ VA, SelectCare or LaborCare, please fill-out below:

PRIMARY INSURANCE MEMBER NAME: _____

Patient's Relationship to Member? Child Spouse Other

Member's DOB: _____ Member's Social Security #: _____

ANY SECONDARY INSURANCE? No Yes

SECONDARY INSURANCE COMPANY: _____

SECONDARY INSURANCE ID#: _____ Group# _____

SECONDARY INSURANCE SUPPORT PHONE (Back of card) #: _____

If insurance is under another name such as for Tricare, Champ VA, SelectCare or LaborCare, please fill-out below:

SECONDARY INSURANCE MEMBER NAME: _____

Patient's Relationship to Member? Child Spouse Other

Member's DOB: _____ Member's Social Security #: _____

Notes: _____

Provider is responsible for verifying insurance eligibility To have MediBill verify, check here Practice's KFax# (949) 224-8033

