

New Patient Acceptance Request

CROSSROADS FAMILY MEDICINE AND PEDIATRICS

194A Pleasant Street, Suite 101 • Concord, NH 03301 • (603) 856-8828 Fax: (603) 856-8813

Patient Name: _____ Date of Birth: _____

Mailing Address: _____ Phone: _____

Primary Insurance Carrier: _____ Is this a Medicaid Plan? (circle one): YES NO

Secondary Insurance Carrier: _____ Is this a Medicaid Plan? (circle one): YES NO

Currently enrolled in Medicaid? (circle one): YES NO

Have you confirmed a provider at Crossroads is in-network for the patient's insurance plan(s)? (circle one): YES NO

If uninsured, is the patient in the process or does the patient intend to apply for Medicaid? (circle one): YES NO

****PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD(S)****

Current Diagnoses: _____

Current Medications: _____

I fully acknowledge that providers at this practice do not offer chronic pain (narcotic/opiate) or scheduled benzodiazepine management, and as such, will not prescribe these medications for chronic use. (Initial): _____

Reason for change of primary care: _____

Preferred provider (optional): _____

This Authorization will be reviewed to determine whether or not the staff and providers at Crossroads Family Medicine and Pediatrics are capable of offering the services needed based on the information provided.

Patient or Legal Guardian Signature

Date
