

Gentle Birthing Services



Last Name	First Name	Initial	Birthdate	Relationship to Subscriber	
Address		City		State	Zip
Phone	Subscriber's Name				
Subscriber's Address (if different)		City		State	Zip
Referring Physician / CNM	Condition/DX: Intra-Uterine Pregnancy		Due Date: (EDC)		
Insurance Carrier	Insurance ID #	Coverage Code	Group		
Other Insurance: Yes No	Subscriber's Name				
<p>Release: I authorize the undersigned healthcare provider to release any information acquired in the course of my examination or treatment</p> <p>Signed: (Insured or Authorized Person)</p> <p>Date:</p>					
Description	CPT	Fee			
SPECIALIZED CHILDBIRTH EDUCATION CLASSES Group (Series of 5 Classes) Education – Group Sessions (onsite office/classroom) <u>Dates of Classes:</u>	99078				
SPECIALIZED CHILDBIRTH EDUCATION CLASSES Private Home Medical Services – New Patient – Intermediate Visit	99342				
SPECIALIZED CHILDBIRTH EDUCATION CLASSES Private Home Medical Services – Established Patient – Intermediate Visit	99352				
EDUCATIONAL SUPPLIES Books, tapes, and pamphlets provided by the provider for the client's education at cost to provider.	99071				
Professional Labor Support Evaluation Management Service	99499				
Total Fees:	Amount Paid:	Balance Due:			
Provider's Signature :					

****Instructions to patient for filing insurance claims: Complete the patient information section at the top of this form; sign and date the form directly to your insurance company. Please attach your own insurance carrier's claim form.**