



Patient Registration Form (PRF)

Please complete this form entirely and return it to your provider's office.

Robin Rabenschlag, LM, CPM

Multiple Blessings Childbirth Services

CLIENT INFORMATION

Name (Last, First, MI) Date
Address City State Zip
Home Phone ( ) Cell Phone ( ) Email
Marital Status: [ ]single [ ]married [ ]widowed [ ]separated [ ]divorced Birthdate Age
Soc. Sec # Due Date LMP First Pregnancy? [ ]Yes [ ]No

INSURANCE INFORMATION

Primary Insurance Plan Name Effective
Insurance Address City State Zip
Insurance Phone# (for providers) Electronic Payor ID# (5 digits)
Subscriber's Name [ ]Male [ ]Female Subscriber's Birthdate
Subscriber's SS# ID# on Card Group#
Subscriber's Employer: Client's Relationship to Subscriber: [ ]Self [ ]Spouse [ ]Child [ ]Other
Secondary Insurance Plan Name Effective
Insurance Address City State Zip
Insurance Phone# (for providers) Electronic Payor ID# (5 digits)
Subscriber's Name Subscriber's Birthdate
Subscriber's SS# ID# on Card Group#
Subscriber's Employer: Client's Relationship to Subscriber: [ ]Self [ ]Spouse [ ]Child [ ]Other

Notes/instructions regarding this PRF:

I certify that the information on this form is correct to the best of my knowledge. I authorize Larsen Billing Service to submit claims on my behalf. I hereby authorize my insurance company to make payment directly to my provider should claims be filed. I give authorization to my provider to release any information necessary to process my benefits or insurance claims. I understand the final outcome for my insurance benefits level and the processing of my claims is under the discretion of the insurance company. I will not hold Larsen Billing Service or my midwife responsible for the manner in which my claims process.

Signature of Client: Date:



## Verifying Benefits through Larsen Billing Service

1. Go to [www.larsenbilling.com](http://www.larsenbilling.com)
2. Select the PATIENTS tab, then select VERIFICATION OF BENEFITS
3. Select PATIENT REGISTRATION FORM
4. Complete and submit the Patient Registration Form

Your Provider's PIN is: **10042**

*Thank you for allowing Larsen Billing Service to assist you in this process of verifying your benefits.*