

Client Contact and Billing Information

Welcome to STM Billing! We will be assisting your midwife in insurance billing for your care. Please submit this form **fully completed**, along with the following items so we can open an account for you:

- A copy of the front of your government issued ID
- A copy of the front **and back** of any insurance card(s) you may have

Please submit the above items to STM Billing's email: **anaturalbirth@hotmail.com**

To follow up on the status of your insurance billing, you should contact: STM Billing: **603-674-7198**

Please note that there will be a 10% charge from your midwife on any amount received as a reimbursement from your insurance company.

About You

Your name (First, Middle and Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Cell phone: () _____ Your Email: _____

Social Security Number: _____ - _____ - _____ DOB: ____/____/____

Employer: _____ Your position there: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Marital status (circle one): Married Single Divorced Widowed

About Insured (if other than you)

Insured's name : _____

Insured's Relationship to you: _____

Insured's address (if different from yours):

City: _____ State: _____ Zip: _____

Insured's Employer: _____

Their position there: _____

Employer Address:

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Cell phone: () _____ Email: _____

Insured's Social Security Number: _____ - _____ - _____

Insured's DOB: ____/____/_____

Who is the person financially responsible for your care (name and relationship to you)?

Primary Insurance Company: _____

Plan Name: _____ Effective Dates: _____

Ins. Address: _____ Ins. State: _____

Ins. Phone: _____ Insured's Name: _____

ID# on Card: _____ Policy/Group#: _____

Secondary Insurance Company: _____

Plan Name: _____ Effective Dates: _____

Ins. Address: _____ Ins. State: _____

Ins. Phone: _____ Insured's Name: _____

ID# on Card: _____ Policy/Group#: _____