



BEACON PATIENT SOLUTIONS LLC INTAKE FORM

Advocacy Services requested on behalf of: Name: _____

Prospective Client Name: _____ Preferred Phone: (____) _____ type: cell home work

Address: _____ City _____ State _____ Zip Code: _____

Email: _____ Date of Birth _____

Marital status: Never Married Married Partnered / Significant Other Separated Divorced Widowed

Do you live alone? Yes No if not, who lives with you? _____

PATIENT INSURANCE INFORMATION:

Primary Insurance Company: _____ Type: HMO PPO Other _____

Supplementary Insurance Company (if applicable): _____ Phone: (____) _____

Medicare / Medicaid Beneficiary? Yes No

SUPPORT SYSTEM INFORMATION:

Is there a Support System in place? (e.g., partner, family, friends) No Yes Partner/Spouse Friend Other: _____

Is there a Healthcare Proxy Designated? No Yes

PROSPECTIVE CLIENT IS REQUESTING ASSISTANCE:

- Preparation for a Medical Appointment
- Insurance Billing Questions
- Coordination of Care
- Support for Solo Aging
- Filing an appeal to Insurance/Medicare
- Advance Care Planning Guidance

Other: _____

Tell us more about why you reached out to us: (please be brief but specific):

DIAGNOSIS AND TREATMENT INFORMATION:

Is there a Primary Diagnosis for us to know about?: No Yes _____ Date of Diagnosis _____

Current Symptoms: _____

Additional Health Conditions: _____

Is the prospective client currently located at a hospital or care facility? No Yes Location Name: _____

Procedure done / scheduled to be done? No Yes Name of Procedure: _____

Date hospitalized / procedure to be done: _____

What are your goals for your current medical concerns? _____

What medical needs do you have that are currently not being met? _____



About Independent Patient Advocacy Services provided by Beacon Patient Solutions LLC:

Fees: Services are billed at a rate of \$150/hour (packages also available: www.beaconpatientsolutions.com/clientservices)

Services: Beacon Patient Solutions LLC (referred to as The Company) states that all Services will be provided in a professional and ethical manner in accordance with good practice and standards in its industry. Neither the Company, nor its employees, agents, and contractors provide medical advice, consultation, diagnosis or treatment, or legal or financial advice. The Company, nor its employees, agents, and contractors, are not acting as medical providers or providing medical services. Neither the Company, nor its employees, agents, and contractors take the place of or plays the role of your primary physician or other health care providers. You should consult your own professionals and/or providers for such advice. Our recommendations are in no way considered to be a critique of your health care provider(s) and are intended neither to support nor to defend any malpractice claim.

The following understandings underpin our work and are understood, acknowledged, and agreed upon by you:

- The health care system can present people with problems that may be unsolvable by even the best health advocate;
- Health advocacy can be very effective at times, but also frustrating at times when results are limited;
- We cannot, do not, and will not promise or guaranty specific outcomes or results;
- We cannot, do not, and will not provide legal, medical, or financial advice, but will work to identify options and resources for the Client;
- We cannot, do not, and will not:
 - Make decisions for you, including decisions regarding treatment or clinical care;
 - Make a medical diagnosis or recommend any particular treatment;
 - Determine fault or legal liability;
 - Provide any clinical care;
 - Provide financial management services.

You are not using the Services for emergencies, diagnosis, or treatment.

Next Steps:

Please email this completed form to ailene@beaconpatientsolutions.com in preparation for your complimentary 15 minute phone consultation. To maximize efficiency this form must be completed fully and submitted prior to a phone consultation.