



### 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

**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](mailto: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.*