

**UMMG - IDX
BAR
Maintenance Form**

**DUPLICATE
PATIENT FORM**

Please fully complete the form in a legible manner. Fax to the number noted below.

**Patient's
Name:** _____

**Patient's
Name:** _____

UMMG#: _____

UMMG#: _____

DOB: ____/____/____

DOB: : ____/____/____

SS#: ____ - ____ - ____

SS#: ____ - ____ - ____

TES Invoices: _____

TES Invoices: _____

A/P/C/R Appt: _____

A/P/C/R Appt: _____

BAR Invoices: _____

BAR Invoices: _____

MCA Enrollment: _____

MCA Enrollment: _____

Which Account is correct?

Which Account is correct?

Submitted By: _____ **Dept:** _____

Date: _____

Additional Information:

Fax the completed form to 243-7355.