

**AA MEDICAL EQUIPMENT COMPANY**

127 PEARL STREET, ATTLEBORO, MA 02703

(508) 222-9146

HOURS: 8:30-5:00 MON, TUE, WED, FRI, 9:30-5:00 THURS

**FAX # (508) 226-3206****INTAKE FORM**

NAME:		STAFF INITIALS:	
ADDRESS:		APT. /LOT#	TODAY'S DATE:
CITY:	STATE:	ZIP:	SS#
PHONE: (    )	Date of Birth	SEX:    M    F	HEIGHT:
EMAIL ADDRESS:			WEIGHT:
DELIVERY ADDRESS AND PHONE: (if different from above)			
ADDITIONAL INFO:			
MEDICARE:		<b>DOCTOR INFO:</b>	
BCBS:		DR:	
MASS HEALTH CARD #:		ADDRESS:	
RID #:		CITY:	STATE:
UNITED HEALTHCARE:		ZIP:	UPIN#:                  LIC#:
GROUP #:		PHONE:	FAX:
HPHC:		RX:	
TUFTS:		REFERRAL SOURCE:	
OTHER:		CASE MANAGER NAME & EXTENSION:	
OTHER INSURANCE #:		INSURANCE AUTHORIZATION:	
BILLING ADDRESS AND PHONE #:			
DIAGNOSIS:			
<b>EMERGENCY CONTACT:</b>		<b>PHONE #:</b>	
<b>ITEMS NEEDED:</b>			