



600 Blair Park Suite 195
Williston, VT 05495
Phone: (800) 861-1903 Fax (800) 861-1904

Billing Status Notification

Please complete this form to ensure we have all current, up to date insurance information. Upon completion, please return this form to admissions.
Thank you.

Resident Information

Resident Name: _____

Facility Name: Riverglen House of Littleton Room Number: _____

Date of Birth: _____ Social Security Number: _____

Attending Physician: _____

Drug Allergies: _____

Billing Information

Prescription Drug Insurance Company: _____ ID# _____

Group #: _____ Phone #: _____

Medicaid Covered: Yes _____ ID# _____ No _____

Bill the following responsible party directly for all prescription charges:

Name: _____ Address: _____

Town, State, Zip code: _____

Phone number: _____

For Prescription Drug Insurance information, please **attach a photocopy** of the **insurance card**.

Signature: _____ Date: _____

*By signing this form I agree to use the preferred pharmacy of the Riverglen House, Health Direct.



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Medicare “B” Patient Coverage Information

Billing Status Notification

Please fax this form to the pharmacy for **Any** admission to the facility, for qualifying medications covered under Medicare B. Fill out **All** necessary information.

Resident Information

Resident Name: _____

Facility Name: Riverglen House of Littleton_____

Date of Birth: _____ Social Security Number: _____

Attending Physician: _____

Medicare “B” Information

The Pharmacy Billing Office Needs:

1. Medicare #: _____

2. Medications to be billed:

3. Diagnosis codes for covered meds:

If possible, please send a photocopy of Medicare card.