



POTENTIAL NEW PATIENT INFORMATION

Today's Date: _____ (**please allow 10 business days to process**)

Do you have Monument Health Insurance? Yes or No

Did someone refer you here? Yes or No If yes, give name: _____

Full Name: _____ DOB: _____ Phone: _____

Spouse Name: _____ DOB: _____ Phone: _____

Minor Children's Names and DOB: _____

Mailing Address: _____ City: _____ Zip Code _____

E-mail Address: _____

Insurance: _____ Employer: _____

Note: We do NOT accept all Medicare Advantage Plans. (Accepted plans noted on back)

Previous Physician/Provider: _____

Reason for leaving provider: _____

List ALL medications & medical indications for each: _____

Any chronic pain medications? Yes or No

If yes, for what conditions? _____

Office Use Only	
Previous Account # _____	PDMP attached none
Approved Not approved Provider initials _____	

If returning by mail please use this address:

Red Canyon Family Medicine

P.O. Box 10700

Grand Junction, CO 81502

Fax (970) 256-5290

***Please be sure to include a copy of your insurance card ***

Medicare Advantage Plans accepted by PCP

- **Rocky Mountain Health Plans (RMHP) Medicare Advantage**
- **Anthem Medicare Advantage (PERA)**
- **Aetna Medicare Advantage**
- **Humana**
 - o **Humana Choice H5213-077 – PPO**
 - o **Humana Choice H5216-078 – PPO**
 - o **Humana Choice H5216-137 – PPO**
 - o **Humana Honor – PPO**
 - o **Humana Choice H5216-223 – PPO**
 - o **Humana Value Plus H5216-195 – PPO**
 - o **Humana Gold Choice H8145-123 – PFFS**