



Bridge City Family Medical Clinic

1410 NE 106th Ave.
Portland, OR 97220
Phone: 503-460-0405
Fax: 503-460-0434

Application for House Call

FacilityName/Address/

Phone#: _____

Patient Name: _____ DOB: ____/____/____

SSI#: ____ - ____ - _____

Name/Address/Phone # of Family Point of

Contact: _____

Insurance

Co: _____ ID#: _____ Group# _____

Insurance Co: _____ ID#: _____

Group#: _____

MedicalConditions: _____

Please attach to the application the following items:

- Copy of insurance card front and back
- Photo ID
- Medication list/MAR



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For office use only

Circle which applies:

Approved
Date

Denied

Schedule

Waitlist

Check list for house calls

1. Fax application to facility →
2. Patient demographic info →
3. Insurance info →
4. Insurance card copy →
5. Verify insurance _____ →