TRUE USA SENIOR CONCIERGE, L.L.C.

Benefit Investigation Request (BIR) — Provider Intake

1. PRACTICE INFORMATION

Practice Name	NPI / Tax ID	Contact Email

2. PATIENT DEMOGRAPHICS

Patient Name	Date of Birth	Phone Number

3. INSURANCE INFORMATION

Insurance Carrier	Member ID	Group Number

BIN	PCN	Phone (Provider Services)

4. CLINICAL & MEDICATION INFORMATION

Drug Name	NDC #	Diagnosis (ICD-10)

J-Code	Admin Code(s)	Dosage/Frequency

ATTESTATION

I confirm this request is submitted for the purpose of a benefit investigation and the information provided is accurate.

Signature _____ Date _____