

BAY AREA HAND SURGERY ASSOCIATES

Mathias Masem, M.D.

INSURANCE UPDATE FORM

Before our office can schedule any special diagnostic tests or surgery, we must receive permission from your insurance company. Please complete this form and return to our office by fax, mail, or in person.

**Bay Area Hand Surgery Associates
80 Grand Avenue, Suite 600, Oakland, CA 94612
Phone: 510- 763-0884 FAX: 510-763-8753
EMAIL: authorization@bayareahand.com**

Your name	
Current phone number OR where we reach you.	
Current mailing address	
Your insurance company name	
Insurance claim number or Social Security Number	

Please contact your insurance company and complete the following information. If you need assistance with finding their telephone number, please contact our office manager.

Claim Adjuster's name	
Claim Adjuster's Phone Number (including direct line or extension)	
Claim Adjuster's Fax Number	