

Well-Being Care Processing 건강검진용

2315 Sanders Road | Northbrook, IL 60062 | Phone 773.777.8889 | Fax 773.777.0004 | www.cmmlogos.org

① Personal Information

Member/Patient Information 회원/환자 정보	Full Name(회원/환자 이름)	Date of Birth(생년월일)	Gender(성별) <input type="checkbox"/> Male(남) <input type="checkbox"/> Female(여)	
	Street Address(주소)	Apt./Uni. # (호)	City(시)	State(주) Zip Code(우편번호)
MEMB # 회원번호:				
	Primary Contact Phone(<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work)	Second Contact Phone(<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work)	Email(이메일)	

② Member Qualification Questions

Christian Testimony 신앙고백	<input type="checkbox"/> Yes 예	<input type="checkbox"/> No 아니오	Do you believe that Jesus Christ is your Lord and Savior? 당신은 예수 그리스도가 당신의 구세주이심을 믿습니까?
Healthy Lifestyle 건강한 생활 습관	<input type="checkbox"/> Yes 예	<input type="checkbox"/> No 아니오	Have you smoked cigarettes in the last 12 months? 지난 12개월동안 흡연기록이 있으십니까?
	<input type="checkbox"/> Yes 예	<input type="checkbox"/> No 아니오	Do you currently drink alcohol? 당신은 음주를 합니까?

③ Medical Bill(s): Please attach the itemized bill(s) and proof of payment (자세한 진료비 내역서 및 영수증을 첨부하여 주십시오.)

	Date of Service 서비스 일자	Medical Provider 의료기관	Reason for Visit 방문이유	Original Amount 의료비 원금	Discount Amount 할인액	Paid Amount 지불액
1	MM/DD/YYYY					
2	MM/DD/YYYY					
3	MM/DD/YYYY					
4	MM/DD/YYYY					
5	MM/DD/YYYY					
6	MM/DD/YYYY					
		Total(총액)====>				

④ Communication Consent

I authorize Christian Mutual Med-Aid to discuss any and all health related information including payments with persons(s) listed below.			
Contact Person (1)	Full Name(이름)	Address(주소)	Phone Number(전화번호) Relationship(관계)
Contact Person (2)	Full Name(이름)	Address(주소)	Phone Number(전화번호) Relationship(관계)

If the case of multiple member/patient submission, each member/patient must fill up separate forms.

Signature of Patient Individual	Print Name of Patient Individual	Date
Signature of Authorized Representative	Print Name of Authorized Representative	Date

OFFICE USE ONLY

Send To: Christian Mutual Med-Aid | 2315 Sanders Road | Northbrook, IL 60062

Attn.: Needs Processing Department | Tel. 773-777-8889(Ext.5003) | Fax 773-777-0004

CMM is a Biblically-based health care sharing ministry through which Christians share God's blessings by sharing the cost of one another's qualifying medical expenses. As such, CMM is not an insurance company and should not be referred to or considered as a substitute for any other type of health or medical insurance.