

Thank you for choosing our office! In order to serve you properly, we need the following information

Date: ___/___/___ Primary Care Physician: _____ Reason for visit: _____

Patient:

First Name: _____ Last Name: _____ MI: _____

DOB ___/___/___ Marital Status (please circle) S M D W SS# _____ - _____ - _____ Gender: M/F

Address: _____ City: _____ State: _____ Zip: _____

Employee Status (please circle) FT/ PT/ Retired/ Not Employed Employer: _____

Home (____) _____ - _____ Work (____) _____ - _____ Cell (____) _____ - _____ Student Status FT/ PT

Notify in case of an emergency:

Relationship: _____

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home (____) _____ - _____ Work (____) _____ - _____ Cell (____) _____ - _____

Primary Policy Holder's Information/Responsible Party

Policy Holder (Name): _____ Relationship to Patient: _____

Policy Holder's DOB: ___/___/___ Policy Holder's SSN: _____ - _____ - _____

Employer: _____ Employer Status (please circle) FT/ PT/ Retired/ NA

Work (____) _____ - _____ Insurance Company: _____ Co-pay \$ _____

Policy Number: _____ Group Number: _____

Additional Insurance Information (Secondary Insurance)

Policy Holder (Name): _____ Relationship to Patient: _____

Policy Holder's DOB: ___/___/___ Policy Holder's SSN: _____ - _____ - _____

Employer: _____ Employer Status (please circle) FT/ PT/ Retired/ NA

Work (____) _____ - _____ Insurance Company: _____ Co-pay \$ _____

Policy Number: _____ Group Number: _____

How did you hear about us? _____

E-mail Address: _____

I authorize release of any information concerning my (or my child's) health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits. I also hereby authorize payment of insurance benefits otherwise payable to me directly to the doctor. Patient balances may incur late fees and or collection activity in the event of none payment.

X _____ Date: ___/___/___

(Signature of patient or parent/guardian if minor)