

FAMILY IDENTIFICATION & BUSINESS INFORMATION:

DATE

Patient Name Birth Date Age
Spouse/Parent/Guardian Birth Date Age
Address City ST Zip
Alternate Address City ST Zip
Social Security #: Marital Status:( )Married ( )Divorced ( )Widow ( )Single
Phone #: Cell #:

Patient's Employer: Occupation:
Phone Number:
Spouse's Employer: Occupation:
Phone Number:

Referred By:

Emergency Contact: Relationship:
Phone Number: Alternate Phone Number:

Primary Insurance: Secondary Insurance:
ID #: ID #:
Covered by ( )Self ( )Spouse ( )Parent Covered by ( )Self ( )Spouse ( )Parent
Policy Holders Name: Policy Holders Name:
Policy Holders Date of Birth: Policy Holders Date of Birth:
Policy Holders Address: Policy Holders Address:

Do you have Medicare? ( )Yes ( )No If Yes, Policy #:

You may release my medical information to:

Name and relation Name and relation Name and relation

I give my permission to leave test results or other medically related communications on my answering machine or voice mail. ( )Yes @ #: ( )No

SIGNATURE OF PATIENT

PLEASE PRESENT ALL INSURANCE CARDS, COPAYMENTS AND RESIDUAL BALANCES TO THE RECEPTIONIST EACH TIME YOU COME IN TO BE SEEN.

I UNDERSTAND THAT ALL CHARGES (INCLUDING THOSE NOT PAID BY INSURANCE), COLLECTION FEES, BANK AND RETURNED CHECK FEES, LEGAL FEES, FAILURE TO KEEP APPOINTMENT FEES AND LATE FEES ARE THE FINANCIAL RESPONSIBILITY OF THE PATIENT (OR THE PARENT/GUARDIAN IN THE CASE OF A MINOR). I HEREBY AUTHORIZE THIS OFFICE TO RELEASE ALL INFORMATION CONCERNING MY ILLNESS(ES) AND TREATMENT TO MY INSURANCE CARRIERS/HEALTH PLANS. IN THE EVENT THAT THIS OFFICE PARTICIPATES WITH MY INSURANCE CARRIER/ HEALTH PLAN, I HEREBY ASSIGN ALL AVAILABLE BENEFITS AND PAYMENTS DIRECTLY TO THEM FOR MEDICAL SERVICES RENDERED. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY AND ALL AMOUNTS NOT COVERED BY MY INSURANCE CARRIER/HEALTH PLAN, AND I AUTHORIZE THIS OFFICE TO CHARGE MY CREDIT/DEBIT ACCOUNT FOR THE FULL AMOUNT OF ANY UNPAID BALANCE. I ACKNOWLEDGE NOTIFICATION OF HIPAA'S PRIVACY RULE AND PRACTICES AND UNDERSTAND THAT I MAY REQUEST A COMPLETE COPY AT ANY TIME.

SIGNATURE

DATE

DO YOU HAVE A LIVING WILL OR WISH TO DISCUSS ONE? ( )HAVE ONE ( )DISCUSS ( )NOT INTERESTED