



Patient & Insurance Information

About the Patient

Patient Name First: _____ Middle: _____ Last: _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Date of Birth ___/___/___ Age _____ Sex _____ Marital Status _____
 In Case of an Emergency, who should be notified? _____ Phone: _____

I authorize the release of medical information as necessary for my medical care. I understand that my privacy will be respected. I authorize payment of medical benefits to this medical practice by my health plan(s). However, I do understand that I am ultimately responsible for payment for these services¹.

Patient or Responsible Party Signs Here _____ **Date** _____

About the Primary Care Physician*

Primary Care Physician Name First: _____ Last: _____
 Primary Care Physician Info City: _____ Phone: _____

**Please be certain that your primary care physician made a proper referral.*

About the Insurance Holder (when patient is covered as a family member)

Name of Family Member who holds the Policy _____
 Date of Birth ___/___/___ Age _____ Sex _____ Marital Status _____
 Patient's Relationship to Insurance Holder (Spouse, Child) _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 If there is a "secondary insurance," in whose name is it issued? _____

About the Insurance Plan(s) (you may skip this if we made a copy of your cards)

Insurance Company _____ Insurance ID# _____
 Secondary Insurance Company _____ Secondary Insurance ID# _____

¹If you subscribe to an insurance policy which carries a **deductible or co-insurance**, then it is the policy of this office to obtain from you a valid credit card number which we will keep securely on file. We will submit your claim to your insurance, and if your insurance tells us that you have not met (or have only partially met) your deductible or co-insurance, then we will automatically bill your balance to your credit card on file. Please ask one of our assistants if you want an estimate as to how much that charge may be.

We reserve the right to charge for missed appointments or for appointments which are not cancelled with more than two business days notice.