



## 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 services<sup>1</sup>.

**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# \_\_\_\_\_

<sup>1</sup>If 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 cancelled with less than one business day's notice.