

# WELCOME

Thank you for selecting our healthcare team! We will strive to provide you with the best possible health care. To help us meet all your healthcare needs, please fill out this form completely in ink. If you have any questions or need assistance, please ask us - we will be happy to help.

## 1

### Personal Information

Date \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_  
Name \_\_\_\_\_  
Wishes to be called \_\_\_\_\_  
☐ Male ☐ Female ☐ Minor ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Referred by \_\_\_\_\_

## 2

### Responsible Party

Who is responsible for the account?  
Name \_\_\_\_\_  
Relationship to patient \_\_\_\_\_  
Birthdate \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Work Phone \_\_\_\_\_ Ext. # \_\_\_\_\_  
Home Phone \_\_\_\_\_

## 3

### Telephone

Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Ext. # \_\_\_\_\_  
Car Phone \_\_\_\_\_  
Where do you prefer to receive calls? ☐ Home ☐ Work ☐ Car  
When is the best time to reach you? Time \_\_\_\_\_ Days \_\_\_\_\_  
In the event of an emergency, who should we contact?  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_



## 4

**Insurance Information****Primary Insurance**

Name of Insured \_\_\_\_\_  
 Relationship to patient \_\_\_\_\_  
 Insured's birthdate \_\_\_\_\_  
 Soc. Sec. # \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Date Employed \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Group # \_\_\_\_\_  
 Employee/Cert. # \_\_\_\_\_  
 Ins. Co. Address \_\_\_\_\_  
 Deductible \_\_\_\_\_  
 Amount already used \_\_\_\_\_  
 Max. annual benefit \_\_\_\_\_

**Additional Insurance**

Name of Insured \_\_\_\_\_  
 Relationship to patient \_\_\_\_\_  
 Insured's birthdate \_\_\_\_\_  
 Soc. Sec. # \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Date Employed \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Group # \_\_\_\_\_  
 Employee/Cert. # \_\_\_\_\_  
 Ins. Co. Address \_\_\_\_\_  
 Deductible \_\_\_\_\_  
 Amount already used \_\_\_\_\_  
 Max. annual benefit \_\_\_\_\_

## 5

**Authorization and Release**

I authorize the release of any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such care to third party payors and/or other health practitioners.

I authorize and request my insurance company to pay directly to the doctor or doctor's group insurance benefits otherwise payable to me.

I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

X

Signature of patient or parent if minor \_\_\_\_\_

Date \_\_\_\_\_

## 6

**Financial Arrangements**

For your convenience, we offer the following methods of payment. Please check the option which you prefer.

Payment in full at each appointment.

\_\_\_\_\_ Cash

\_\_\_\_\_ Personal Check

\_\_\_\_\_ Credit Card \_\_\_\_\_ Visa \_\_\_\_\_ MC

\_\_\_\_\_ I wish to discuss the office's payment policy.

**Late Charges**

If I do not pay the entire new balance within 25 days of the monthly billing date, a late charge of 1.5% on the balance then unpaid and owed will be assessed each month (if allowed by law). I realize that failure to keep this account current may result in you being unable to provide additional services except for emergencies or where there is prepayment for additional services. In the case of default on payment of this account, I agree to pay collection costs and reasonable attorney fees incurred in attempting to collect on this amount or any future outstanding account balances.

Thank you for filling out this form completely. The information you have provided will help us serve your healthcare needs more effectively and efficiently. If you have any questions at anytime, please ask - we are always happy to help.