



Acct. # _____

Today's Date: ____/____/____

PLEASE PRINT:

Patient's: Last Name First Name Middle Name Maiden Name

Home Address: Street Apt # City State Zip

Date of Birth: ____/____/____ **Social Security Number:** ____-____-____ **Marital Status:** ____

(____)____-____ (____)____-____ (____)____-____ (____)____-____

Home Phone Number Work Phone Number Cell Phone Number Pager Number

Pharmacy of preference : _____ **Phone Number:** _____

E-Mail Address: _____ @ _____

Emergency Contact: Name _____ **Phone Number:** _____

Patient Employer Name: _____

Spouse/Parent Name: _____ **Spouse/Parent SS#:** ____-____-____

Spouse's Date of Birth ____/____/____

I, the above patient hereby certify that I am eligible for the health plan coverage with my/my spouse's insurance plan. I hereby certify that I am fully aware of the following conditions for my insurance and regarding payment.

Full payment, co-insurance, or co-payments are due at the time of service.

Our office will bill your insurance company. You must pay any co-payments at the time of service.

I understand that I may have requested medical care that may not be covered by the insurance plan or may be considered medically un-necessary for services rendered.

I understand that if I do not have coverage or I am not eligible under the terms of the subscriber insurance agreement, I am liable for all charges for services rendered and agree to pay in full today.

I understand that if I receive services without proper authorization from my Primary Care Physician, I am liable for payment in full today.

I understand that if I give incorrect insurance information, I must pay the bill in full within 30 days.

I understand that if my insurance card has not been issued at the time of service, I must pay for the bill in full at the time of the visit.

I understand that if for any reason my account goes to a collection agency, you can and will collect the collection fee in addition to my unpaid balance.

By updating the above information each visit, I agree to the above terms.

Signature _____