



# Welcome to Our Office.

Please provide the patient information requested below.  
Please print clearly, using a ball point pen.

patient name last first middle initial social security #

address city state zip

( ) ( ) S M D W  
home phone work phone birth date age marital status (circle)

patient's email address employer job title

address city state zip

Are you a student?  Y  N  Full-Time  Part-Time School \_\_\_\_\_

How did you find out about our group?  Physician  Hospital referral service  Friend  Relative  Speech/seminar  
 Web site  Advertisement  News story  Insurance company  Other

name of referring physician, family member or friend, hospital, seminar/speech (location, topic, physician presenting), insurance company or other

## Spouse/Guarantor Information

husband/guarantor name last first middle initial social security #

address (if different from patient) city state zip

( ) ( ) S M D W  
home phone work phone birth date age marital status (circle)

employer job title

address city state zip

## Insurance Information

### Primary Insurance

### Secondary Insurance

company name	( ) phone #	company name	( ) phone #
address		address	
city	state	zip	city
subscriber name		birth date	subscriber name
I.D. #		group #	I.D. #
		group #	

### Whom may we contact in case of emergency?

name relationship ( )  
phone #

## Regarding Insurance

As a courtesy, we will initiate a claim to your insurance company on your behalf and will be happy to assist you. However, please keep in mind that insurance is a method for patients to be reimbursed for fees they have paid for physicians' services. Your insurance coverage is a contract between you and your insurance company, not our office. Insurance companies reimburse at various amounts, based on each subscriber's individual contract. Having insurance is not a substitute for payment of your charges, and you are responsible for full payment of your account when due, regardless of the status of any insurance claims.

I have read and understand the above insurance acceptance policy. I agree to pay for services when rendered.

signature date