

### Confidential Patient Information

The following information is needed in order to better serve you. Please complete all questions to the best of your knowledge. If you need help please ask the receptionist. **PLEASE PRINT.**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Marital Status: S M W D

D.O.B.: \_\_\_\_\_ Email: \_\_\_\_\_

**\*In Case of Emergency\***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Yrs. On Job: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Plan/Group #: \_\_\_\_\_ Primary Person Insured: \_\_\_\_\_

D.O.B. : \_\_\_\_\_ S.S.N.: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Secondary Insurance Provider: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Plan/Group #: \_\_\_\_\_ Primary Person Insured: \_\_\_\_\_

D.O.B. : \_\_\_\_\_ S.S.N.: \_\_\_\_\_ Employer Name: \_\_\_\_\_

How did you hear about us: Friend / Co-Worker / Family / Doctor / Website / Mailing / Other: \_\_\_\_\_

If referred, please tell us who we can thank: \_\_\_\_\_

I (we) agree to pay for services rendered to the above mentioned patient as the charge is incurred. I understand that health & accident insurance policies are an arrangement between an insurance carrier and myself and that I am personally responsible for payment of any and all services covered or not covered. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to New Patients:** Full payment for services rendered is due at the end of each visit. If for any reason this request cannot be met, arrangements must be made prior to seeing the doctor.