

## PATIENT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SOC SEC # \_\_\_\_\_  FEMALE  MALE

MAILING ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ALTERNATIVE PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

REFERRED BY:  PHYSICIAN \_\_\_\_\_  FRIEND/RELATIVE \_\_\_\_\_

WEBSEARCH  PHONEBOOK  INSURANCE  OTHER \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  OTHER \_\_\_\_\_

## INSURANCE INFORMATION

PATIENTS EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PRIMARY INSURANCE \_\_\_\_\_ COPAY \_\_\_\_\_

SUBSCRIBER NAME \_\_\_\_\_  MALE  FEMALE BIRTHDATE \_\_\_\_\_

SUBSCRIBER EMPLOYER \_\_\_\_\_ RELATIONSHIP TO PATIENT \_\_\_\_\_

ID # \_\_\_\_\_ GROUP # \_\_\_\_\_

SECONDARY INSURANCE \_\_\_\_\_ COPAY \_\_\_\_\_

SUBSCRIBER NAME \_\_\_\_\_  MALE  FEMALE BIRTHDATE \_\_\_\_\_

SUBSCRIBER EMPLOYER \_\_\_\_\_ RELATIONSHIP TO PATIENT \_\_\_\_\_

ID # \_\_\_\_\_ GROUP # \_\_\_\_\_

## EMERGENCY INFORMATION

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ASSIGNMENT AND RELEASE: I hereby authorize my insurance benefits be paid directly to the healthcare provider as well as release of any information by provider or insurance company required for this account. Release of information to include: (1) alcohol and/or drug abuse treatment, (2) psychiatric diagnosis, treatment and summaries, (3) tests results for HIV (Human Immunodeficiency Virus), STD (Sexually Transmitted Diseases), and (4) Treatment of HIV, STDs, and AIDS (Acquired Immunodeficiency Syndrome) and related conditions. I hereby release Mill Creek OB/GYN from all legal responsibility or liability that may arise from disclosure of my record as provided by this paragraph.

Payment: I am financially responsible for any balance due. I agree to make payment arrangements; pay \$5 or 1% interest per month (which ever is greater) on unpaid balances over 30 days and all the reasonable expenses such as attorney fees and court cost should account be referred for collections.

SIGNED: X \_\_\_\_\_ DATE: \_\_\_\_\_