

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____
First MI Last

Preferred Name: _____ Social Security #: _____ Male Female

Marital Status: Single Married Divorced Widowed Spouse's Name: _____

Address: _____
Street or P.O. Box City State Zip Code

Home # (_____) _____ Work # (_____) _____ Cell # (_____) _____

Email: _____

Preferred Pharmacy: _____ Location: _____

How did you hear about our office? TV Commercial Facebook Insurance Website Sign on building
 A friend/relative/co-worker Name: _____ May we thank them for referring you? Yes No
 Postcard/Mailer Other: _____

RESPONSIBLE BILLING PARTY

Please complete if the responsible billing party is different from the person listed above.

Name: _____ Phone (_____) _____

Address: Same as above _____
Street or P.O. Box City State Zip Code

Relationship: Spouse Parent Partner Other (please specify) _____

* If you are 18 years of age or older, we will need additional authorization from your responsible party.

PRIMARY INSURANCE INFORMATION

Check if you do not have dental insurance

Employer: _____ Insurance Company: _____

Policy Holder Name: _____ Date of Birth: _____ Relationship to patient: _____

Policy Holder Social Security #: _____ Member ID #: _____ Group #: _____

SECONDARY INSURANCE INFORMATION

Employer: _____ Insurance Company: _____

Policy Holder Name: _____ Date of Birth: _____ Relationship to patient: _____

Policy Holder Social Security #: _____ Member ID #: _____ Group #: _____

PLEASE SIGN BELOW

I have received, read, and agree to the terms of the office financial and appointment cancellation policies

Authorized Signature _____ Date: _____

In addition to myself, I allow my health information to be discussed with the following people:

Name and Relationship Name and Relationship

Name and Relationship Name and Relationship

I have received, read, and agree to the terms of the HIPAA Notice of Privacy Practices

Authorized Signature _____ Date: _____

For office use only: Attempted to obtain patient's signature in acknowledgement of the Notice of Privacy Practices but was unable to do so because: Individual refused to sign Communication barriers prohibited obtaining acknowledgement Emergency situation prevented obtaining acknowledgement Other: _____