



Patient Information				
Name (Last, First Middle)		SSN #	Birthdate	Sex
Mailing Address			City, State, Zip	
Primary Phone & Type (ex. Cell)		Secondary Phone & Type (ex. Work)		Email Address
Marital Status	Smoker Yes / No	Veteran Yes / No	Primary Care Provider	
Employer Occupation			Emergency Contact (person not living with you) Name	
Address			Relationship Address (City/State Only)	
Work Phone			Phone Number	
Spouse or Guarantor Information (for patients under 18)				
Name (Last, First Middle)		SSN #	Birthdate	Sex
Mailing Address			City, State, Zip	
Primary Phone & Type (ex. Cell)		Secondary Phone & Type (ex. Work)		Email Address
Marital Status	Smoker Yes / No	Veteran Yes / No	Employer Occupation	
Relationship to Patient				
Primary Insurance				
Name of Insurance Company			Policy #	
Name of Policy Holder Policy Holder Date of Birth			Group #	
Claim Address of Insurance Company			Copay Amount	
City, State, Zip			Phone	
Relationship to Patient			Effective Date	
Secondary Insurance (if applicable)				
Name of Insurance Company			Policy #	
Name of Policy Holder Policy Holder Date of Birth			Group #	
Address of Insurance Company			Copay Amount	
City, State, Zip			Phone	
Relationship to Patient			Effective Date	

{ } I have current insurance but I choose not to have my insurance billed or use my insurance benefits at this time. I understand that due to certain filing time constraints and pre-authorization requirements, I will be responsible for payment in full for the services rendered. I further release my provider of any obligations under my healthcare plan.

Patient's Initials (only if this option applies):

I agree that all of the information above is accurate and current. I realize my information may be shared with outside entities to assist with treatment, research, and/or collection of payment. I have read & agree to fully comply with the clinic's Financial Agreement.

My signature indicates I fully understand and agree to the above terms. I further grant authorization for treatment for all evaluations & procedures performed and allow the release of information as indicated above.

Signature

Date