

## Patient Information

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Child: \_\_\_\_\_ Unmarried: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous address: \_\_\_\_\_

Patients' employer (Name, address, and Phone): \_\_\_\_\_

Parent's or Spouse's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Parent's or Spouse's employer (Name, address, and Phone): \_\_\_\_\_

### RELATIVE AND DOCTOR WHOM WE CAN CONTACT IN EVENT OF EMERGENCY (Not living at same household)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Doctor's Name: \_\_\_\_\_ Name of Hospital or office: \_\_\_\_\_

Referred by: Dr. \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

I PLAN TO MAKE PAYMENT AS FOLLOWING: ( Check one or more )

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Credit cards: \_\_\_\_\_ Medicare: \_\_\_\_\_

INSURANCE INFORMATION: (List names of insurance, Subscriber names, Group number)

### FINANCIAL AGREEMENT AND AUTHORIZATION FOR TREATMENT:

I authorize treatment of the person named above and agree to pay all fees and charges for such treatment. I agree to pay all charges for me and members of my family shown by statements, promptly upon presentment thereof, unless credit arrangements are agreed upon in writing. Changes shown by statements are agreed to be correct and reasonable unless protested in writing within thirty days of billing date. In the event it should become necessary to place for collection an unpaid balance due for services rendered to me or my family, I/we agree to pay collection fees, and should legal action be filed, reasonable attorney fees, filing fees and any other costs the court determines proper.

It is agreed that payments will not be delayed or withheld because of any insurance coverage or the pendency of claims thereon, and all proceeds of insurance are assigned to this office where applicable, but without their assuming responsibility for the collection thereof. (A Copy of this agreement is as valid as the original.)

NOTICE: Do not sign this agreement before you read and agree the conditions set forth. You are entitled to a copy of the agreement at the time you sign. Keep it to protect your legal rights.

AGREEMENT: The above information is for the purpose of obtaining credit and is warranted to be true. I authorize a creditor or his agent to make a credit investigation, including employment verification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Person for Payment