NEW PATIENT INFORMATION RECORD

PATIENT ACCOUNT #	**Adobe Electronic PDF Form** **Please Fill In All Information**	DATE

PATIENT INFORMATION

PATIENT'S NAME (LAST, FIRST, MI.)				
STREET ADDRESS		CITY	STATE Alabama	ZIP
HOME PHONE	WORK PHONE	STUDENT STATUS Full Time ☐ Part Time ☐ Not a Student ☐		
SEX MALE ☐ FEMALE ☐	MARITAL STATUS Single ☐ Married ☐ Legally Separated ☐ Divorced ☐ Unknown ☐ Widowed ☐	AGE	DATE OF BIRTH	HAVE YOU EVER BEEN A PATIENT IN THIS OFFICE BEFORE? NO IF YES, WHEN?
OCCUPATION		EMPLOYER		
WORK ADDRESS		IS CONDITION WORK RELATED? YES ☐ NO ☐		
SPOUSE'S NAME	SPOUSE'S DATE OF BIRTH			
ALTERNATIVE PHONE NUMBER	PRIMARY CARE PHYSICIAN NAME ADDRESS		PHONE#	

PERSON RESPONSIBLE FOR PAYMENT IF OTHER THAN PATIENT

NAME			RELATIONSHIP
ADDRESS			
OCCUPATION	EMPLOYER	PHONE	
ADDRESS		WORK PHONE	

POLICY HOLDER INFORMATION

PRIMARY INSURANCE INFORMATION

INSURANCE COMPANY	NAME OF POLICY HOLDER	
GROUP#	POLICY #	POLICY HOLDERS DATE OF BIRTH
MEDICARE#	MEDICAID#	

SECONDARY INSURANCE INFORMATION

INSURANCE COMPANY	NAME OF POLICY HOLDER	
GROUP#	POLICY#	POLICY HOLDERS DATE OF BIRTH
MEDICARE#	MEDICAID#	

MEDICARE/MEDIGAP AUTHORIZATION

"I request that payment of authorized Medicare/Medigap benefits be made directly to [redacted]. for any services furnished me by that physician or supplier. I authorize any holder of medical information about me to release to the health care financing administration and its agents, or any other insurance carrier (_____), any information needed to determine these benefits payable for related services."

Signed_____Date_____

INSURANCE AUTHORIZATION AND ASSIGNMENT

"I authorize [redacted]. to furnish information to insurance carriers concerning my illness and treatments, and I hereby assign to the physician(s) all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance."

Signed_____Date_____

****** A charge may be incurred for No Show and/or cancellations without required notice. Initial_____ Date_____******