

Referred by _____

Patient Information

PLEASE PRINT

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|---|-------------------------|------------|----------------|-------------------------|-----|
| MR. MRS. MISS | | | | | |
| PATIENT | LAST NAME | FIRST NAME | MIDDLE | DRIVER'S LICENSE NUMBER | |
| SOCIAL SECURITY # | DATE OF BIRTH | SEX | MARITAL STATUS | HOME PHONE | |
| ADDRESS | STREET | APT. NO. | CITY | STATE | ZIP |
| EMPLOYED BY | SPOUSE'S NAME | | EMPLOYED BY | | |
| EMPLOYER'S ADDRESS | EMPLOYER'S ADDRESS | | | | |
| OCCUPATION | BUS. PHONE | OCCUPATION | BUS. PHONE | | |
| NEAREST FRIEND OR RELATIVE NOT LIVING IN THE SAME HOUSEHOLD | RELATIONSHIP TO PATIENT | | PHONE | | |

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INSURANCE INFORMATION (Be sure all information is listed)

Insurance — Include Private, Group, and Spouse

| Insurance Company Name | Policyholder (Subscriber) | Policy Number or Certificate Number |
|------------------------|---------------------------|-------------------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Will this claim be covered under Worker's Compensation? Yes _____ No _____

If yes, Name of Company _____ Address of Co. _____

Phone # _____ Treatment Authorized by _____

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RESPONSIBLE PARTY

Please complete the section below, if someone other than the patient is responsible for the payment of services.

| | | | | | |
|---------------------|-------------------------|------|------------|-----|------------|
| MR. MRS. MISS | | | | | |
| NAME | ADDRESS | CITY | STATE | ZIP | |
| HOME PHONE | RELATIONSHIP TO PATIENT | | OCCUPATION | | |
| EMPLOYER | EMPLOYER'S ADDRESS | CITY | STATE | ZIP | BUS. PHONE |

I have completed this form fully and completely, and certify that I am the patient or duly authorized general agent of the patient authorized to furnish information requested. I understand that even though I have some type of insurance coverage, I am responsible for payment of services.

Preferred Method of Payment Today: Cash Check Credit Card (MasterCard / Visa)

Date (today) _____ Signature of Patient, or Parent, or Responsible Party _____