



NORTHSIDE
MEDICAL CLINIC, P.C.

31 Hughes Drive
Jackson, TN 38305
731-668-2800

Welcome! Please complete the following information to help us serve you better.

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ St: _____ Zip _____

Social Security # _____ Marital Status: _____ Sex: _____ Race: _____

Home Phone #: _____ Work Phone #: _____ Cell#: _____

Employer/School: _____

If you are a new patient, we would like to know how you heard about us? _____

Emergency Contact Name and Number: _____

****Responsible Party Information (if different from patient)**

Name: _____ Relationship to Patient: _____

Address: _____ City: _____ St: _____ Zip _____

Date of Birth: _____ Employer: _____ Home Phone #: _____

Cell#: _____

Authorization to file Primary/Secondary Insurance benefits:

I request that payment of authorized insurance benefits from:

Primary _____

Secondary _____

be made to Northside Medical Clinic, P.C., on my behalf for any services furnished. When appropriate, Northside Medical Clinic, P.C., reserves the right to select situations to accept assignment. I authorize any holder of medical information about me to release to the above named insurance company or their agents any information needed to determine these benefits payable for related services. I understand that my insurance may not pay for services it determines not medically necessary or not covered under my policy. Should my insurance deny payment, I agree to be personally responsible for payment to Northside Medical Clinic, P.C. I also understand that full payment is expected at the time services are rendered. If this is not possible, it may be necessary to arrange a payment plan with the account representative. If there is a default of payment of services, and the account is referred to a collection company, the patient or responsible party agrees to pay a collection fee equal to no more than 33% of the balance referred by Northside Medical Clinic, P.C., including reasonable attorney's fees, court costs and related legal expenses.

The assignment also gives Northside Medical Clinic, P.C., the authority to use or disclose my health information for treatment, payment, or healthcare operations.

Signature

Date

Doctor