Healthy Weight 4 Me

Patient Information:

Patient Name_____
Date of Birth_____S.S#_____ Male □ Female □
Home Address_____
City, State, Zip_____
Phone: Home_____Cellular_____Work_____
Patient Employer_____
Patient E-Mail_____

Emergency Contact Name _____Phone_____

Policy Holder/Primary Guarantor Information (If different from patient):

Policyholder/Guarantor Name_____
Date of Birth_____ S.S.#_____ Male □ Female□
Home Addres_____
City, State, Zip_____
Phone: Home_____Cellular_____Work_____

Primary Insurance **Secondary Insurance**

Insurance Company_____ Insurance Company_____
Patient Member/ID Number_____ Patient Member/ID Number_____
Group/ Account Number_____ Group/Account Number_____

Understand your health insurance benefits: Health insurance benefits can be quite confusing; however it is your responsibility to know your benefits before making any appointments. What services are not covered? Does your insurance require referrals? Please inform our office up front about your benefits to avoid any confusion.

Financial agreement and assignment of benefits: I understand that I am financially responsible for my treatment and agree to pay this office for all charges including co-pays at each visit, deductibles, and any other services not covered by my insurance. I authorize payment directly to this office for insurance benefits paid on my behalf. I will assume all collection fees and court costs, if my account goes to collections.

Notice of privacy practices: Healthy Weight 4 Me may release my protected health information only for the purposes of treatment, payment or health care options, including release of medical records to my insurance company.
I authorize this office to contact me or leaves messages about my labs appointment and tests at:_____
I authorize the release of my protected health information to the following person(s)_____

For more detailed information please refer to the *Notice of Privacy Policies,* which is posted in our lobby, you may request a copy for your personal use.

Patient/Responsible Party_____Date_____