

Dr. John David Blankenship, D.O.
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NEW PATIENT APPLICATION

Thank you for selecting BLANKENSHIP FAMILY MEDICINE (BFM) as your possible Primary Care Physician. Please be advised that we will review and verify your medical insurance information and if your application is accepted, we will contact you to schedule your initial visit with us. We accept most insurance plans, however, if you are a self-pay patient, there is a \$150.00 base charge for each visit, and any additional in-office tests ordered by Dr. Blankenship will be at an additional charge. We are currently not accepting Medicaid, Medicare, United Health Care, and Cigna plans. BFM patients are required to participate in preventative screening tests such as an annual well visit, age appropriate cancer screenings, and diabetic screenings.

We are currently accepting new patients ages 12 and up. **VACCINE POLICY:** BFM follows the guidelines of the Advisory Committee of Immunization Practice (ACIP) of the Center for Disease Control (CDC). We do not accept patient families unwilling to adhere to these immunization schedules.

Please Print Your Information Legibly

Date: _____ How did you hear about us: _____ DOB: _____

Your Name: _____ Phone #: _____

Your Address/City/State/Zip: _____

Social Security Number: _____ eMail Address: _____

Your current primary care physician/phone #: _____

Your current insurance provider: _____ Your Policy #: _____

Secondary insurance provider: _____ Your Policy #: _____

Do you have an urgent medical need? Yes / No If Yes, please provide a brief description:

Are you a Veteran? _____ Do you go to the VA? _____ If yes, how often? _____

What is your primary language? _____ Do you require an Interpreter? _____

Is Google Translate acceptable? _____ If not, what do you prefer? _____

Please list any medications you're currently taking and the Doctor prescribing them, (you can use another sheet of paper is needed):

Accepted: YES / NO Initial Appointment Scheduled for: _____