

ABOUT YOU

TODAY'S DATE _____

NAME _____ MALE FEMALE
LAST FIRST MIADDRESS _____
STREET APT.# CITY STATE ZIP

TELEPHONE (Home) _____ (Work) _____ (Cell) _____

BIRTHDATE ____/____/____ SS# _____ E-MAIL ADDRESS _____
MONTH DAY YEAR

PLACE OF EMPLOYMENT _____ OCCUPATION _____

IF FULL TIME STUDENT, SCHOOL NAME _____

STATUS: Minor Single Married Divorced Separated Widowed

HOW DID YOU HEAR ABOUT US? _____

ACCOUNT INFORMATION**Person ultimately responsible for account**NAME _____ RELATIONSHIP _____
LAST FIRST MIBILLING ADDRESS _____
STREET APT.# CITY STATE ZIP

TELEPHONE (Home) _____ (Work) _____ (Cell) _____

BIRTHDATE ____/____/____ DRIVER LICENSE # _____ STATE _____
MONTH DAY YEAR**IN EVENT OF EMERGENCY**NAME _____ RELATIONSHIP _____
LAST FIRST MIADDRESS _____
STREET APT.# CITY STATE ZIP

TELEPHONE (Home) _____ (Work) _____ (Cell) _____

AUTHORIZATION

I hereby authorize assignment of my insurance rights and benefits directly to provider for services rendered. I fully understand I am solely responsible for any balance not paid by my insurance company (if offered at this office).

X _____
Patient or Responsible Party Date