ARTHUR H. SKALSKI, M.D.

151 Hazard Avenue, Suite 10 • Enfield, CT 06082 • (860) 698-9700

Personal Information

Patient Name: _____ Date of Birth:_____

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

Address: _____ City: _____ State: _____ Zip _____

Marital Status: _____ Sex: _____ SS#: _____ Preferred Language: _____

- Race -	- Ethnicity -
❑ White/Caucasian ❑ Black/African American ❑ Hispanic/Latino	❑ Hispanic/Latino ❑ Not Hispanic/Latino
❑ Asian ❑ American Indian/Alaska Native ❑ Other ❑ Declined	❑ Declined

Emergency Contact: _____ Relationship: _____ Telephone:_____

Address (if different from above): _____City: _____State: _____ Zip: _____

Primary Insurance

Primary Insurance Co. Name: _____

Member/Subscriber ID: _____ Policy/Group # _____

Policy Holder Name: _____ Telephone #: _____

Date of Birth: _____ SS#: _____ Relationship to Patient: _____

Address (if different from above): _____ City: _____ State: _____ Zip _____

Employer Name: _____Telephone #: _____

Address:_____ City: _____ State: _____ Zip _____

Secondary Insurance

Secondary Insurance Co. Name: _____

Member/Subscriber ID: _____ Policy/Group # _____

Policy Holder Name: _____ Telephone #: _____

Date of Birth: _____ SS#: _____ Relationship to Patient: _____

Address (if different from above): _____ City: _____ State: _____ Zip _____

Employer Name: _____Telephone #: _____

Address:_____ City: _____ State: _____ Zip _____

Consent for Treatment / Assignment of Benefits

I authorize the *office of Arthur H. Skalski, M.D.*, or his designee to treat and perform any diagnostic testing or certain procedures in the office which may be necessary to properly evaluate my condition. I authorize the release of medical information necessary to process the insurance claims for services rendered to me by the *staff of Arthur H. Skalski, M.D.* I am financially responsible for all charges incurred which have been determined as payable by me and I have read this information and understand its content.

_____ _____/_____/_____

Patient or Legal Representative Signature Date