

NW Preventive and Primary Care
730 SE Oak St Suite K, Hillsboro OR, 97123
13112 NE Halsey St. Portland OR, 97230
P: 503.430.1057
Fax: 503.430.1085

Demographic/ Insurance update form

Patient name: _____ **Date of Birth:** _____

Email: _____

Address: _____

**Mailing Address if different from
above:** _____

Phone: (please circle preferred number)

cell: _____

home: _____

work: _____

Do you give permission to NWPPC to leave a message with
Protected Health Information: Yes No

If yes, please circle what phone numbers we are able to leave
detailed messages on: Cell Home Work

Emergency contact info:

Name: _____

Relationship to patient: _____

Phone number: _____

Insurance Information

Primary insurance name: _____

Subscriber ID: _____

Group number: _____

Secondary Insurance (if applicable)

Secondary insurance name: _____

Subscriber ID: _____

Group number: _____

Insurance claims resubmission due to inaccurate/incomplete info provided by patients is \$25 initials _____

I attest that the information I have given here is correct and true to the best of my knowledge. I hereby assign benefits to be paid directly to the doctor, and authorize him/her to furnish information regarding my illness to my insurance carrier. I understand that I am responsible for any amount not paid for by my insurance.
It is the patient's responsibility to confirm their coverage and limitations prior to an appointment.

Patient Signature: _____

Date: _____