

Website Intake Form (New) - HGBS

Visit Request Type: *

New

Follow-up
(Disregard section
below)

New Patients Only:

Will insurance be billed for this office visit?

*

Yes

No

Important note - insurance information is required to confirm appointment if insurance will be billed. If you will be paying for the visit out of pocket, you can specify "none" for the questions below.

Insurance Name *

Insurance ID *

Group Number *

Name of Insured Person *

Date of Birth of Insured Person* *

Patient relationship (ie, self, son, spouse) *

Patient First Name (Leave blank if same as
above) *

Patient Last Name (Leave blank if same as
above) *

Patient Date of Birth (Leave blank if same
as above) *

Please note - Your card will only be charged in the event of a missed appointment or late cancellation, or if you have given permission for a special charge.