

Patient Information

Patient Name: _____ Male () Female ()
Patient Date of Birth: _____ Patient Social Security Number _____
Parent Name(s) (if patient is a child) _____
Spouse Name (if patient is married) _____
Patient Address _____ Home Phone _____ Email _____
City _____ State _____ Zip _____ Drivers License # _____
Employer (Parent's Employer, if Minor) _____ Work Phone _____
Emergency Contact _____ Relationship _____ Phone _____
Patient's Family Physician _____ City _____ Phone _____
Date Family Physician was Last Seen (approximate, if uncertain) _____

The responsible party is the person responsible for payment on this account. It is usually the patient. It may be the patient's parents or legal guardian if the patient is a child.

Responsible Party (Other than Insurance Company) _____
Responsible Part Address _____
City _____ State _____ Zip _____ Phone Number _____
Responsible Party Social Security Number _____ Relationship to Patient _____

Referral Information

How were you referred to this office?

Doctor Referral () Doctor's Name _____ City _____ Phone _____
Insurance Book () Present/Former Patient () Name _____
Internet () Yellow Pages: Conroe () Montgomery () Spring () Interfaith ()
Huntsville GTE () Huntsville SW Bell () Trinity ()

Insurance Information

Please allow us to make a copy of your insurance card. If you have a referral from your primary Physician, please present it to the receptionist before you are seen by the doctor. Please see financial policy.

Insurance Company Name _____
Insurance Company Address _____
Insurance Company Phone Number _____ Pre-Cert Phone # _____
Primary Insured Party _____
Insured Party Social Security Number _____
Policy Number _____ Group Number _____

**Method of Payment Today: Cash () Check () MC/Visa/AE/Discover ()
Medicare () Medicaid () Worker's Compensation () Other Arrangements ()**