Patient Information Sheet

HEAD OF HOUSEHOLD INFORMATION

Head of Household: John Q. Smith

Occupation: Rodeo Clown

Social Security #: 222-33-4444

Sex: M

Date of Birth: 04/04/1990

Address: 45 Black Street

Home phone #: 541-222-3333

City, St.: Baton Rouge, Louisiana

Zip: 70714

Employer's Name: Pro Rodeo Association

Employer's Address: 54 White Street

Employer's phone #: 800-111-2222

Employer's City, St: Las Vegas, Nevada

Employer's Zip: 89101

PATIENT INFORMATION

Patient's Legal Name: Same

Nickname:

Sex:

Date of Birth

Marital Status: Single

Relationship to head of household

Social Security #:

Employer Name:

Employer phone #:

Employer Address:

Employer's City, St.:

Zip:

Referring Physician: Seymour Koffs

Allergies: None

EMERGENCY INFORMATION

Other contact not living with you: Toby Orange

Home Phone #: 541-444-5555 Work phone #: None

Address 123 Empire

City, St. Albany, Oregon Zip: 97321

Patient relationship to other contact: Son If patient is a child, parent name:

INSURANCE INFORMATION

Primary Insurance: HMO Louisiana Subscriber: John Q. Smith

ID#: XUH12345679890 Relationship to subscriber: Same

Secondary Insurance: Subscriber:

ID#: Relationship to subscriber:

OTHER FAMILY MEMBERS:

Name: Date of Birth:

Name: Date of Birth:

Name: Date of Birth

Name: Date of Birth:

I understand that it is my responsibility that any incurred charges are paid.

To the extent necessary to determine liability for payment to obtain reimbursement, process claim forms, I authorize the release of any medical information necessary to process claims.

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicare, private insurance, and other health plans to Acumen Medical Practice, Somewhere, OR 12345

This assignment will remain in effect until revoked by me in writing, a photocopy of this assignment is to be considered as valid as an original. I hereby authorize said assignee to release all information necessary to secure the payment.

Signature: _____ Date: _____