Patient Information Sheet

HEAD OF HOUSEHOLD INFORMATION

Head of Household: Patricia G Henderson

Occupation: Janitor

Social Security #: 555-66-7777

Sex: M

Date of Birth: 07/07/1968

Address: 12 McKenzie Road

Home phone #: 541-777-7777

City, St.: Albany, Oregon

Zip: 97321

Employer's Name: Waterworks

Employer's Address: 78 Aqua Street

Employer's phone #: 541-888-2222

Employer's City, St.: Albany, Oregon

Employer's Zip: 97321

PATIENT INFORMATION

Patient's Legal Name: Coleman H Parker

Nickname:

Sex: M

Date of Birth: 07/07/1949

Marital Status: Married

Relationship to head of household: Spouse

Social Security #: 222-33-4444

Employer Name: Retired

Employer phone #:

Employer Address:

Employer's City, St.:

Zip:

Referring Physician: Seymour Koffs

Allergies:

EMERGENCY INFORMATION

Other contact not living with you: Poppy Parker

Home Phone #: 541-333-8888 Work phone #: None

Address: 45 California Drive

City, St.: Albany, Oregon Zip: 97321

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

INSURANCE INFORMATION

Primary Insurance: BCBS Subscriber: Patricia G. Henderson

ID#: Group# YTG1234 Relationship to subscriber: Spouse

Secondary Insurance: Medicare 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: _____