Fisher's Landing **URGENT AND FAMILY CARE**

PATIENT INFORMATION

Name: _____
First **M.I.** **Last**

Date of Birth: _____ **SSN:** _____ **Male:**_____ **Female:**_____

Address: _____**Apt #:** _____**City/State:**_____**Zip:**_____

Phone # Home: _____**Cell:** _____**Work:** _____

Occupation/Employer: _____ **Address:** _____

Emergency Contact: _____ **Relationship:**_____ **Phone #:**_____

Primary Care Provider (Doctor):_____ **Phone #:**_____

PARENT/GUARDIAN OR SPOUSE INFORMATION

Name:_____
First **M.I.** **Last**

Date of Birth: _____ **SSN:** _____ **Male:** _____ **Female:** _____

Address: _____ **Apt #:** _____**City/State:** _____ **Zip:** _____

Phone # Home: _____ **Cell:** _____ **Work:** _____

INSURANCE INFORMATION

Insured name: _____ **Date of Birth:** _____ **SSN #:** _____

Primary Insurance: _____ **Group #:** _____ **ID #:** _____

Insurance Address: _____**Phone #:** _____

SECONDARY INSURANCE INFORMATION

Please initial here:_____ **if you do not have a secondary insurance.**

Insured name: _____ **Date of Birth:** _____ **SSN #:** _____

Secondary Insurance: _____ **Group #:** _____ **ID #:** _____

Insurance Address: _____**Phone #:** _____

I hereby authorize the above doctor/doctors to furnish to the insured's insurance company all information which said insurance may request concerning my present claim, including chart notes. I hereby assign to the doctor all money to which I am entitled for expenses relative to the services performed from time to time, but not to exceed my indebtedness to said doctor. It is understood that any money received from above named insurance company over and above my indebtedness will be refunded to me when my bill is paid in full. I understand I am financially responsible to said doctor for charges not covered by this assignment. If treatment is provided to a minor consent is authorized by legal guardian.

_____ _____
RESPONSIBLE PARTY SIGNATURE **Date**

How did you hear about us: Phone Book Website Post Card Referral from Doctor or Patient
Please circle an option or write in your answer