DATE:_____

PATIENT

PATIENT NAME: _____ SEX: M F SOCIAL SECURITY #: _____

MAILING ADDRESS: _____ DATE OF BIRTH: / / MARITAL STATUS: S M W D

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOME TELEPHONE #: ( ) _____

EMPLOYER: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ WORK TELEPHONE #: ( ) _____

SPOUSE'S NAME: _____ SPOUSE'S SOCIAL SECURITY #: _____ DATE OF BIRTH: / /

SPOUSE'S EMPLOYER/ADDRESS: _____

IF AN EMERGENCY, CONTACT: _____ TELEPHONE #: _____ RELATIONSHIP: _____

REFERRED BY: _____ PRIMARY CARE PHYSICIAN: _____

INSURANCE

PRIMARY INSURANCE: _____ POLICY HOLDER: _____ DATE OF BIRTH: / /

POLICY NUMBER: _____ GROUP #: _____ EFFECTIVE DATE: _____

MAIL CLAIMS TO : _____

SECONDARY INSURANCE: _____ POLICY HOLDER: _____ DATE OF BIRTH: / /

POLICY NUMBER: _____ GROUP #: _____ EFFECTIVE DATE: _____

MAIL CLAIMS TO: _____

WORKERS' COMPENSATION PATIENTS: WILL THIS BE COVERED UNDER WORKERS' COMPENSATION? ____YES ____NO

IF YES, NAME/ADDRESS OF COMPANY: _____

PHONE #: _____ TREATMENT AUTHORIZED BY: _____ DATE OF INJURY: _____

GUARANTOR

RESPONSIBLE PARTY

_____

NAME ADDRESS CITY STATE ZIP CODE

( )_____

DAY TIME TELEPHONE RELATIONSHIP TO PATIENT OCCUPATION

_____

EMPLOYER ADDRESS TELEPHONE

HAS ANY MEMBER OF YOUR IMMEDIATE FAMILY BEEN TREATED BY ANY OF OUR PHYSICIANS? ____YES ____NO

IF YES, NAME OF PHYSICIAN(S) AND FAMILY MEMBER(S): _____

_____

I have completed this form fully and completely, and certify that I am the patient or duly authorized general agent of the patient authorized to furnish the information requested. **I understand that even though I have some type of insurance coverage, I am responsible for payment of services**. I understand if collection action is taken on my account, I will be assessed an additional fee. I agree that the clinic may apply money received on my account to any unpaid balance that I may owe. I have read and understand the payment policy of The Greenville Clinic.

_____

SIGNATURE DATE

PREFERRED METHOD OF PAYMENT: ____CASH ____CHECK ____CREDIT CARD (VISA OR MASTERCARD)

Greenville Printing Center • Ref. # 1583