

Date: _____

Patient Number _____
(Internal Use)

Patient Information

Social Security # _____

First Name _____ Middle _____ Last Name _____

Home Address _____ City _____ State _____ Zip _____

Sex _____ Date of Birth / / E-mail _____

Marital Status Married Single Divorced Widowed Home Phone () _____

Check One Employed Retired Student Cell Phone () _____

Other _____ Referring Physician _____

Employer _____ How did your hear of us? _____

Insurance Information

PLEASE PROVIDE INSURANCE CARD TO THE RECEPTIONIST Relationship to insured Self Spouse Parent

Insurance Company _____ Address _____

Insured/Card Holders Name _____ City _____ State _____ Zip _____

Policy# _____ Group # _____ Phone () _____

Secondary Insurance Information

PLEASE PROVIDE INSURANCE CARD TO THE RECEPTIONIST Relationship to insured Self Spouse Parent

Insurance Company _____ Address _____

Insured/Card Holders Name _____ City _____ State _____ Zip _____

Policy # _____ Group # _____ Phone () _____

Emergency Contact

First Name _____ Middle _____ Home Phone () _____

Last Name _____ Cell Phone () _____

Sex _____ Relationship _____ Work Phone () _____

SPOUSE /GUARANTOR/RESPONSIBLE PARTY

Social Security # _____ Sex _____ Date of Birth / /

Relationship _____ Home Phone () _____

First Name _____ Middle _____ Employer _____

Last Name _____ Address _____

Home Address _____ Cell phone () _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Consent for Treatment: The undersigned hereby consents to examination and treatment of the patients by the physician(s) and to the performance of any surgical or procedure deemed necessary. I hereby authorize payment directly to the physician of the medical benefits, if any otherwise payable to me. I realize I am responsible for non-covered services.

Authorization to release Information I hereby authorize Cary Adult Medicine the release of medical information acquired in the course of my treatment necessary to process insurance claims

Signature (Patient or parent if minor) _____ Date: _____