

NAME: _____

ACCOUNT # _____

ADDRESS: _____

CITY STATE ZIP CODE

RACE: (Circle one) African-American, Asian, Caucasian, Hispanic, Native American, Native Hawaiian, Pacific Islander, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Guamanian or Chamorro, Samoan, or OTHER.

PREFERRED LANGUAGE: _____

Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) If YES, Which? _____

TELEPHONE NUMBERS

HOME ☎ _____ WORK ☎ _____ CELL ☎ _____

EMAIL ADDRESS _____

APPOINTMENT REMINDER CALLS ARE AUTOMATED. OUR COMPUTER IS PROGRAMED TO CALL YOUR HOME PHONE AFTER 5:00 PM THE NIGHT BEFORE YOUR APPOINTMENT.

CHECK THE PRIMARY PHONE NUMBER TO BE CALLED AFTER 5 PM: HOME WORK CELL

◆ SOCIAL SECURITY # _____ ◆ TEXAS DRIVERS LICENSE # _____

◆ DATE OF BIRTH: _____ AGE: _____ ◆ SEX: _____

◆ PLEASE CHECK: MARRIED SINGLE ◆ SPOUSE NAME / GUARDIAN _____
WIDOW DIVORCED SEPARATED SPOUSE / GUARDIAN PHONE ☎ _____

◆ PATIENT'S EMPLOYER _____
ADDRESS _____
CITY STATE ZIP

◆ NAME OF NEAREST FRIEND / RELATIVE **NOT LIVING** WITH YOU: NAME _____
PHONE _____

PRIMARY CARE PHYSICIAN OR
REFERRED BY DR. _____

◆ INSURANCE CO. NAME (PRIMARY) _____

CLAIMS ADDRESS _____
POLICY

HOLDER NAME _____ DATE OF BIRTH _____ SOCIAL SECURITY # _____

PATIENT RELATIONSHIP TO THE POLICY HOLDER (PLEASE CHECK): SELF SPOUSE CHILD OTHER

MEMBER ID _____ GROUP # _____ EMPLOYER _____

◆ INSURANCE CO. NAME (SECONDARY) _____

CLAIMS ADDRESS _____
POLICY

HOLDER NAME _____ DATE OF BIRTH _____ SOCIAL SECURITY # _____

PATIENT RELATIONSHIP TO THE POLICY HOLDER (PLEASE CHECK): SELF SPOUSE CHILD OTHER

MEMBER ID # _____ GROUP # _____ EMPLOYER _____

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM. I ALSO REQUEST PAYMENT OF GOVERNMENT BENEFITS EITHER TO MYSELF OR FOR THE PARTY WHO ACCEPTS ASSIGNMENT BELOW. I AUTHORIZE PAYMENT OF MEDICAL TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICES.

PATIENT OR GUARDIAN SIGNATURE _____ DATE _____