



Check all that apply: NEW PATIENT UPDATE PRIVATE INSURANCE HMO PPO MEDICARE MEDICAID

PATIENT INFORMATION - PLEASE PRINT CLEARLY

Patient information form including fields for name, date of birth, sex, social security, phone, mailing address, marital status, spouse name, patient occupation, employer phone, and emergency contact.

REFERRAL INFORMATION

Referral information form including fields for referral source, name of referring friend/relative, name of family doctor, and name of referring doctor/hospital.

RESPONSIBLE PARTY (If same as patient, leave blank)

Responsible party form including fields for name, sex, social security, date of birth, relationship to patient, phone, street address, city, state, zip code, employer phone, and occupation.

IF PATIENT IS A STUDENT OR A MINOR, PLEASE GIVE THE FOLLOWING INFORMATION

Form for student/minor information including fields for father's name, mother's name, address, home phone, and work phone.

CONSENT FOR TREATMENT

I hereby request and permit the Allergy & Asthma physicians to render to the above-named patient any medical/surgical treatment he/she may require in my absence.

SIGNATURE OF PARENT OR GUARDIAN

RELATIONSHIP

DATE SIGNED

HEALTH INSURANCE INFORMATION

PRIMARY INSURANCE INFORMATION

Primary insurance information form including fields for insurance co. name, group no., insured's i.d. #, insured's last/first name, address, city, state, zip, insured's d.o.b., and insurance co. phone no.

SECONDARY INSURANCE COMPANY

Secondary insurance company form including fields for insurance co. name, group no., insured's i.d. #, insured's last/first name, address, city, state, zip, insured's d.o.b., and insurance co. phone no.

RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS

I hereby authorize Allergy & Asthma Center, P.C. and my insurance company to exchange any information which either party may request concerning my claim. I furthermore assign to Allergy & Asthma Center, P.C. all insurance payments relative to the services performed.

X

SIGNATURE OF RESPONSIBLE PARTY

DATE SIGNED