My Doctor URGENT CARE

Last name: _____ First name: _____ M.I.: _____

Patient SS #: _____ Date of Birth (MM/DD/YYYY): _____ ❑Married

Home phone: _____ Cell phone: _____ ❑Single

Reason for visit: _____ ❑Male ❑Female

Patient e-mail address: _____

Address: _____ Apt # _____ City: _____ ST: _____ ZIP: _____

Primary care physician name: _____ Phone: _____

Employer name: _____

Employer address: _____ City: _____ ST: _____ ZIP: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

How did you hear about us (Check one, please.)

❑Billboard ❑Direct mail ❑Doctor referral ❑Driving by ❑Employer ❑Existing patient ❑Friend/relative ❑Insurance company ❑Internet ❑Movie theater ❑Newspaper ❑Phone book ❑Radio ❑Pharmacy ❑School ❑Apartment Complex

Today's Payment

How will you be paying for today's bill?

Payment made today will be paid by:

❑ Patient Pay—I will be paying today using: ❑ Cash ❑ Check ❑ VISA ❑ MasterCard ❑ Discover ❑ Debit card

❑ My company—I am participating in a program that is company-paid.

❑ Insurance—I will present my insurance card and an approved form of ID. (Please complete next two sections.)

Insurance Information

If you're using insurance to pay today's bill, please provide this information...

Employer of insured person: _____

Insurance carrier: _____

Member ID: _____ Group #: _____

Claims address: _____ City: _____ ST: _____ ZIP: _____

Do you have insurance with more than one health plan? ❑ Yes ❑ No

If yes, name of other insurance carrier: _____

➲ (Please present both ID cards at check-in.)

Account Information

If you're using insurance, this is information about the person carrying the insurance...

Last name: _____ First name: _____ M.I.: _____

Account SS #: _____ Date of birth (MM/DD/YYYY): _____

Home phone: _____ Cell phone: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Relationship to patient: (Check one, please.) ❑ Self ❑ Spouse ❑ Parent/Guardian ❑ Other: _____

Signature _____ Date _____

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