

PATIENT INFORMATION

Account # _____ Gender _____ Marital Status _____
First Name _____ Middle Initial _____ Date of Birth _____ Age _____
Last Name _____ Social Security # _____
Address _____ Home Phone _____
City, State Zip _____ Work Phone _____
Employer _____ Cell/Voicemail _____
Work Address _____ Referred by _____
City, State Zip _____
Occupation _____

A DETAILED MESSAGE MAY BE LEFT AT: HOME WORK CELL/VM PLEASE DON'T LEAVE A MESSAGE

RESPONSIBLE PARTY

Last Name _____ Relationship to patient _____
First Name _____ Middle Initial _____ Social Security # _____
Address _____ Home Phone _____
City, State Zip _____ Work Phone _____

INSURANCE INFORMATION

Primary Insurance _____ Policy Subscriber _____
Address _____ Insured Policy ID _____
City, State Zip _____ Group # _____
Telephone _____ Date of Birth _____
Effective Dates _____ -- _____ Patient Relation to subscriber _____
Copoly Amount _____

Secondary Insurance _____ Policy Subscriber _____
Address _____ Insured Policy ID _____
City, State Zip _____ Group # _____
Telephone _____ Date of Birth _____
Effective Dates _____ -- _____ Patient Relation to subscriber _____
Copoly Amount _____

PARTNER'S/SPOUSE'S INFORMATION

Name _____ Employer _____
Home Phone _____ Occupation _____
Work Phone _____ Work Address _____
Mobile Phone or Pager _____ City, State Zip _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Frumovitz, Matsunaga, Daly, Ross, Thordarson & Vogel, M.D.s to release any medical information necessary to process insurance claims relating to the medical care rendered by FMDRT&V, MDs. I authorize payments of medical benefits to FMDRT&V, MDs for any medical care rendered to myself or to my dependents. I understand that I am responsible for any amount not covered by my insurance. A service charge of 1.5% will be charged on the unpaid principle balance on all accounts not paid within 60 days of date of service. I acknowledge that I have recieved a copy of FMDRT&V MDs' Summary Notice of Privacy Practices. I also acknowledge that a full Notice of Privacy Practices is available upon request.

Signature Date