

NEW PATIENT INFORMATION

(Please Print Clearly)

NAME: _____ SS# _____ MALE _____ FEMALE _____
ADDRESS: _____ CITY: _____ STATE _____
ZIP: _____ EMAIL: _____
BIRTHDATE: _____ TELEPHONE:(HOME) _____ (WORK) _____
AGE: _____ EMPLOYER: _____ CELL PHONE _____
STUDENT: FULL-TIME _____ PART-TIME _____

MARITAL STATUS (please circle one) SINGLE MARRIED DIVORCED WIDOWED SEPARATED

PRIMARY CARE PHYSICIAN: _____ PCP PHONE #: _____

RESPONSIBLE PARTY (PERSON TO RECEIVE BILLING STATEMENT)

NAME: _____ SS# _____
ADDRESS: _____ TELEPHONE: _____
CITY: _____ STATE: _____ ZIP: _____
RELATIONSHIP TO PATIENT: _____
EMPLOYER: _____

INSURANCE INFORMATION

FIRST: INSURANCE COMPANY NAME: _____

SUBSCRIBER'S NAME: _____ DATE OF BIRTH: _____

SUBSCRIBER'S SOCIAL SECURITY #: _____

RELATIONSHIP TO PATIENT: _____

INSURANCE ID# _____ GROUP# _____

EMPLOYER: _____ WORK TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SECOND: INSURANCE COMPANY NAME: _____

SUBSCRIBER'S NAME: _____ DATE OF BIRTH: _____

SUBSCRIBER'S SOCIAL SECURITY #: _____

RELATIONSHIP TO PATIENT: _____

INSURANCE ID# _____ GROUP# _____

EMPLOYER: _____ WORK TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

IS YOUR PROBLEM DUE TO AN ACCIDENT? YES ___ NO ___

DATE OF ACCIDENT: _____ AUTO: YES ___ NO ___ OTHER _____

INSURANCE AUTHORIZATION AND ASSIGNMENT

I hereby authorize Weiss & Mashburn, MD, PA to furnish information to insurance carriers concerning my illness and treatments and I hereby assign to the physician all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance. In addition, I understand that I am responsible for informing Weiss & Mashburn, MD, PA of any changes to my insurance coverage. I understand that by failing to inform Weiss & Mashburn, MD, PA of any insurance changes that I am financially responsible for all services provided to me or my dependants.

DATE: _____ SIGNATURE: _____

TO HELP OUR OFFICE SERVE YOU BETTER, PLEASE ANSWER THE FOLLOWING QUESTIONS.

MY APPOINTMENT IS WITH [circle one] DR. WEISS DR. MASHBURN DR. LONDON BRIAN CROMER, CRNP

REFERRED BY: DR. _____ FRIEND/FAMILY YELLOW PAGES WEBSITE