

# Welcome to our office!

Today's Date: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Gender: \_\_\_ female \_\_\_ male  
SS#: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email address: \_\_\_\_\_ May we send information? \_\_\_ yes \_\_\_ no

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widow

Occupation: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ phone: \_\_\_\_\_

## **INSURANCE INFORMATION:**

Insured's Name: \_\_\_\_\_ date of birth: \_\_\_\_\_  
Relationship to patient: \_\_\_\_\_ Name of insurance co.: \_\_\_\_\_

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Relationship to patient: \_\_\_\_\_ Name of insurance co.: \_\_\_\_\_

## **IF someone other than the patient is responsible, PLEASE COMPLETE:**

Responsible Party: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SS#: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

**INSURANCE AUTHORIZATION:** Our office will file insurance claims for all reimbursable services.  
**PLEASE remember that you are responsible for all deductible, copay and non-covered services.**

*I authorize the release of any medical information necessary to process my claim.*

**SIGNATURE:** \_\_\_\_\_ Today's date: \_\_\_\_\_

*I also authorize payment directly to Dr. Bourhill for his services.* I understand that I am responsible to acquire referrals/authorizations required by my insurance plan. I will be fully responsible for any claim denied because a referral/authorization was not on file. I am personally responsible for the full fee of all services rendered to me.

**SIGNATURE:** \_\_\_\_\_ Today's date: \_\_\_\_\_

**In case of Emergency, contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Home phone:** \_\_\_\_\_ **Other phone:** \_\_\_\_\_ (work or cell)

<b>Do you wish correspondence to be confidential?</b>	<b>YES</b>	<b>NO</b>
<b>Do you wish phone calls to be confidential?</b>	<b>YES</b>	<b>NO</b>
<b>May we contact you at work?</b>	<b>YES</b>	<b>NO</b>