

PATIENT INFORMATION (Internal Medicine of Milford, P.C.)

Date: _____

Legal Name: _____

Gender: M F

Home Address: _____ City _____ State _____ Zip _____

Birth Date: _____ SS # _____ Marital Status: Single Divorced
 Married Widowed

Race: _____ Preferred Language: _____ Ethnicity: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____
(area code) + number (area code) + number (area code) + number

Where may we leave a detailed message? Home _____ Cell _____

E-Mail Address: _____

EMPLOYER INFORMATION:

Employer's Name: _____ Occupation: _____

Employer's Address: _____

PRIMARY INSURANCE INFORMATION:

Primary Care Physician (PCP) _____

Primary Ins. Co. Name: _____

Your Subscriber Identification #: _____ Policyholder's Name: _____

Policyholder's Birth Date: _____ Relationship: _____

Secondary Ins. Co. Name: _____ Subscriber Identification #: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, please notify _____
Full Name

Address Telephone # Relationship

*I hereby authorize Internal Medicine of Milford, P.C., to render treatment to me and/or my dependents. I request that payment of insurance benefits be made on my behalf to Internal Medicine of Milford, P.C.
I authorize the release of medical information for the purposes of processing and payment of claims. I understand that payment of all co pays and deductibles is expected at the time of service and that insurance coverage is not a substitute for payment. I am responsible to pay non-covered services, including any claims resulting from my failure to notify my insurance company of my PCP selection and no show fee for physical examinations. I understand that it is my responsibility to know my covered benefits.*

I hereby authorize release of medical information to my insurance company and other rendering providers and facilities involved with coordination of my healthcare.

I attest that all information that I have provided is accurate and true.

I have received, read or been offered a copy of the Notice of Privacy. _____ Initial Here

Signature: _____