

**PATIENT INFORMATION SHEET (ADULT)**

**Acct:** \_\_\_\_\_

Patient Name \_\_\_\_\_

Marital Status \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male or Female

Referring Doctor \_\_\_\_\_

Social Security # \_\_\_\_\_

Referring Doctor Phone \_\_\_\_\_

Address: \_\_\_\_\_

Family Doctor \_\_\_\_\_

\_\_\_\_\_

Family Doctor Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

People authorized to receive medical information

Work Phone \_\_\_\_\_

(Name and Number) \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

**Have you or any family member been seen at our office before? YES-NO If yes, who?** \_\_\_\_\_

**PRIMARY INSURANCE:** \_\_\_\_\_ Co-Pay Amount\$ \_\_\_\_\_

Policy or ID # \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Address of subscriber (if different than above) \_\_\_\_\_

Social Security # of subscriber \_\_\_\_\_ (Required) Date of Birth \_\_\_\_\_

Employer of subscriber \_\_\_\_\_

Employer's address \_\_\_\_\_

\_\_\_\_\_ Employer's Phone \_\_\_\_\_

**SECONDARY INSURANCE:** \_\_\_\_\_ Co-Pay Amount\$ \_\_\_\_\_

Policy or ID # \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Address of subscriber (if different than above) \_\_\_\_\_

Social Security # of subscriber \_\_\_\_\_ (Required) Date of Birth \_\_\_\_\_

Employer of subscriber \_\_\_\_\_

Employer's address \_\_\_\_\_

\_\_\_\_\_ Employer's Phone \_\_\_\_\_

**HIPAA:** I have read and agree with the HIPAA Privacy information.

**Financial Policy:** I have read and understand the financial policy.

**Insurance Authorization/Assignment**

I hereby authorize ENT Head & Neck Specialists to release and/or obtain information to/from insurance carriers, other physicians, and/or medical facilities concerning my present illness/treatment and past medical history/treatment. I also hereby assign to the physicians of ENT Head & Neck Specialists all payments for medical services rendered to myself. I understand that I am responsible for any amount not covered by my insurance.

**Signature of patient** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE NOTE:** Our office is not responsible for charges incurred if updated insurance information is not provided by the patient.