

Patient Name _____

Address _____
Last City First Middle Zip

Date of birth _____ Age Sex SSN _____

Phone: PRIMARY# _____ Work _____ Other _____

E-Mail Address _____

Family Doctor _____ Spouse's Name _____

Patient Employer _____ Occupation _____

Referred by: Advertisement _____ Website _____

Doctor (Name) _____ Family Friend (Name) _____

In case of an emergency Notify _____ Relationship _____ Phone _____

Pharmacy Name _____ Pharmacy Phone _____

*****WE SEND ALL SPECIMENS TO AURORA DIAGNOSTIC LABORATORIES*****
(Patient is responsible for any residual charges)

Would you like to receive billing statements from our office via E-Mail? YES _____ NO _____

1. Primary Insurance Co Name _____

Member/Policy # _____ Group# _____

Ins Co Billing Address _____

Subscriber (Policy Holder) Name _____

Patient being seen today is what relationship to the subscriber? Self _____ Spouse _____ Child _____ Other _____

Subscriber's Address (if different from above) _____

Subscriber's Social Security # _____ Subscriber's Date of Birth _____

Subscriber's Occupation _____ Subscriber's Employer _____

Address of Employer _____ Phone# _____

2. Secondary Insurance Co Name _____

Member/Policy # _____ Group# _____

Ins Co Billing Address _____

Subscriber (Policy Holder) Name _____

Patient being seen today is what relationship to the subscriber? Self _____ Spouse _____ Child _____ Other _____

Subscriber's Address (if different from above) _____

Subscriber's Social Security # _____ Subscriber's Date of Birth _____

Subscriber's Occupation _____ Subscriber's Employer _____

Address of Employer _____ Phone# _____

*Payment is required for all services at the time they are rendered. We accept payment in the form of cash, check or credit card. In the event of hospitalization or major procedures, our office will file with the appropriate insurance you will be asked to pay any unmet deductible, non-covered services and co-payments. Your signature below signifies your understanding and willingness to comply with this policy *Signature: _____*