

# CRESCENT HEALTHCARE

DATE \_\_\_\_\_ NAME \_\_\_\_\_

D.O.B. \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

HOME # \_\_\_\_\_  WORK# \_\_\_\_\_

CELL# \_\_\_\_\_  CHECK BEST # TO CALL

EMAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MAY WE MAIL CORRESPONDENCE TO YOUR MAILING ADDRESS? YES  NO

MAY WE LEAVE MESSAGE ON VOICE MAIL/ANSWERING MACHINE OR PERSON? YES  NO

MAILING ADDRESS \_\_\_\_\_

IF STREET ADDRESS IS DIFFERENT PLEASE COMPLETE \_\_\_\_\_

## EMERGENCY CONTACT NUMBERS / MEDICAL INFORMATION

NAME/RELATION \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAME/RELATION \_\_\_\_\_ TELEPHONE \_\_\_\_\_

THE ABOVE NAMED INDIVIDUALS ARE PERSONS APPROVED BY MYSELF TO RECEIVE INFORMATION REGARDING MY CARE. A COPY OF THE PRIVACY POLICY OF THIS OFFICE IS AVAILABLE UPON REQUEST.

## INSURANCE INFORMATION

### PRIMARY

Insurance Co. \_\_\_\_\_ ID# \_\_\_\_\_

Group # \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Policy holder \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

### SECONDARY

Insurance Co. \_\_\_\_\_ ID# \_\_\_\_\_

Group # \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Policy holder \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

I understand that I or my guarantor am responsible for charges incurred for services rendered by this office. Insurance will be filed for services if my provider is contracted with my insurance company or if I have given my permission for insurance to be filed. I will also be responsible for any bills incurred and denied if I have failed to give provider my current insurance information. I also authorize the release of any information to the insurance company needed to process and bill incurred. I understand I will be charged for missed appointments if I fail to keep or cancel within 24 hours of scheduled appointment.

If at any time I am prescribed any controlled medications or pain medications, Crescent Healthcare may call me in for random drug screening or pill count.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Office use only: Patient # \_\_\_\_\_