

PATIENT INFORMATION

Name: _____

Age: _____ Birth date: _____ SS#: _____

Status (circle one): single married divorced widowed

Address: _____

Phone (home): _____ (cell) _____

May we call you at work? No Yes # _____

Person to contact in case of emergency: _____

Phone number(s): _____

PRESCRIPTION INFORMATION

Pharmacy _____ City _____ Phone _____

Please indicate here if your prescription plan requires a 3-month supply per
Prescription (most mail-order plans require this): yes no

INSURANCE INFORMATION

Primary Insurance Name: _____

Secondary Insurance Company Name: _____

I hereby authorize Dr Davis and her staff to perform medical examinations. I authorize my insurance company to pay Dr. Davis for services rendered. I authorize release of my information to process insurance claims, including Information about mental health, STD tests and treatment, substance abuse, pregnancy tests and HIV tests. I acknowledge that I am responsible for payment on my account. A copy of this authorization is to be considered as valid as the original.

If the doctor orders any lab tests or X-rays, you will be billed separately by that facility for these tests. If your insurance requires that you use a specific lab or X-ray facility, **please tell us!** If your insurance policy does not cover these tests, you are responsible for payment. If you do not know your health insurance policy's rules regarding labs (i.e., which labs to use, what tests are and are not covered), you may wish to defer such tests until you investigate this.

If you have no insurance you may wish to comparison shop between different labs or X-ray facilities until you find a price that you like.

I have read the above warning and agree that I am responsible for charges for any lab tests or X-rays ordered by Dr. Davis.

Signature of patient, parent (if a minor) or legal

Date

For compliance with Meaningful Use:

- Asian
- Native Hawaiian or Other Pacific
- Black or African American
- White
- Hispanic
- Other Race
- Other Pacific Islander
- Decline to Answer

EMAIL ADDRESS: _____