



PATIENT INFORMATION RECORD

PATIENT INFORMATION

Gender: M F SSN: _____

Name: _____ DOB: _____
Last First Middle

Address: _____
Street (Apt) City State Zip

Home phone: () Work: () ext. Cell: ()

Employer: _____ Employer phone: ()

Employer address: _____
Street (Suite) City State Zip

Status: Full time Part time Self Employed Military Duty Retired Unemployed

Marital Status: Single Married Widowed Separated Divorced

Student? Full time Part time School: _____ Not a student

GUARANTOR INFORMATION

Gender: M F Relation to patient: _____

Name: _____ SSN: _____ DOB: _____
Last First Middle

Address: _____
Street (Apt) City State Zip

Home phone: () Work: () ext. Cell: ()

Employer: _____ Employer phone: ()

Employer address: _____
Street (Suite) City State Zip

Emergency contact: _____ Phone: ()

PRIMARY INSURANCE

Company: _____ Phone: ()

Policy #: _____ Group Name: _____ Group #: _____

Subscriber: same as guarantor subscribers name: _____

Subscriber's address: _____

Subscriber's DOB: _____ SSN: _____ Patient's relation to subscriber: _____

SECONDARY INSURANCE

Company: _____ Phone: ()

Policy #: _____ Group Name: _____ Group #: _____

Subscriber: same as guarantor subscribers name: _____

Subscriber's address: _____

Subscriber's DOB: _____ SSN: _____ Patient's relation to subscriber: _____

CONSENT FOR TREATMENT

I authorize Dr. Scott Greer and Auburn Pediatric and Adult Medicine, L.L.C. to provide treatment deemed necessary for me / my dependent, and to release information related to my visit to any private or government agency providing benefits as needed for the provision of medical care.

INSURANCE ASSIGNMENT

I hereby assign to and authorize payment to Dr. Scott Greer and/or Auburn Pediatric and Adult Medicine, L.L.C all benefits payable under the terms of my insurance policy(ies). I have been given the Financial Policy of Auburn Pediatric and Adult Medicine, and understand that I am responsible for paying the amount charged for my care minus the amount paid by my insurance.

Signed: _____ Date: _____