

PATIENT INFORMATION

Note: Payment is expected at the time services are rendered.

(Please Print Clearly)

Date ____/____/____

Patient's Full Name _____

Address _____

Home Phone () _____ - _____

Sex Male Female

Date of Birth ____/____/____

Patient's Social Security # ____ - ____ - ____

Marital Status M W S D

Patient's Employer _____

Occupation _____

Referring Physician _____

Work Phone () _____ - _____

Responsible Party _____

Family Physician _____

Relationship to Patient _____

(if other than patient or a minor)

Spouse/Parent of Minor Name _____

Date of Birth ____/____/____

Employer _____

Occupation _____

Work Phone () _____ - _____

Social Security # ____ - ____ - ____

Person to contact not living at the same address _____

Relationship to patient _____

Phone () _____ - _____

PRIMARY INSURANCE

Insurance Company _____

Identification Number _____

Group Number _____

Date of Birth ____/____/____

Policy Holder _____

Relationship to Patient _____

SECONDARY INSURANCE

Insurance Company _____

Identification Number _____

Group Number _____

Date of Birth ____/____/____

Policy Holder _____

Relationship to Patient _____

ASSIGNMENT OF BENEFITS

I hereby assign payment of benefits of authorized MEDICARE BENEFITS and any other medical and/or surgical benefits, to include MAJOR MEDICAL BENEFITS to which I am entitled to be made either to me or on my behalf to ALAN F. JACKS, M. D., P.A., for any services furnished me by that physician/supplier. I authorize any holder of medical information about me to release any information needed to determine these benefits payable for related services.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR "ALL" CHARGES WHETHER OR NOT PAID BY SAID INSURANCE, I HEREBY AUTHORIZE SAID ASSIGNEE TO RELEASE ALL INFORMATION NECESSARY TO SECURE PAYMENT.

Date ____/____/____

Signature _____

Witness _____

Please return the completed form to the Check-In Area as soon as possible