

HealthWise Clinic, PA
John Richardson, MD/McLean Sanborn, MD

Date: _____ Account Number: _____

PATIENT INFORMATION

Name: _____
Last First Middle

SS#: _____ DOB: _____ Age: _____ Sex: _____ Race/Ethnicity: _____

Mailing Address: _____
Street/PO Box City Zip Code

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

How did you find us? Newspaper Family/Friend Doctor Other:

EMERGENCY INFORMATION

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____

PATIENT'S INSURANCE INFORMATION

Primary Insurance Company: _____ Policy Number: _____

Insurance Phone Number: _____ Group Number: _____

Subscriber's Name: _____
Last First Middle

Subscriber's SS#: _____ Subscriber's DOB: _____

Secondary Insurance Company: _____ Policy Number: _____

Insurance Phone Number: _____ Group Number: _____

Subscriber's Name: _____
Last First Middle

Subscriber's SS#: _____ Subscriber's DOB: _____

INSURANCE BENEFITS ASSIGNMENT AND INFORMATION RELEASE

I hereby authorize the physician to release any and all information necessary concerning my diagnosis and treatment for the purposes of securing payment from my insurance company; and thereby authorize payment of the insurance benefits directly to the physician for any services rendered that are not paid for directly by me.

Signature: _____ Date: _____

FINANCIAL RESPONSIBILITY STATEMENT

I understand that I am responsible for copay and coinsurance payments at the time services are rendered. I also understand that if my services are not covered by my insurance I will be responsible for any remaining balances. If I do not have insurance and I am private pay, I understand that I am responsible for payment at the time services are rendered.

Signature: _____ Date: _____

PRIVACY POLICY NOTICE

I have read and agree to the Notice of Privacy Policy Policies for HealthWise Clinic.

Signature: _____ Date: _____

OFFICE POLICIES NOTICE

I have read and agree to the Patient Guide to HealthWise Office Policies.

Signature: _____ Date: _____