

Alden Medical Group PLLC

Patient Information:

Name: _____ Sex: Male _____ Female _____

Address: _____ DOB _____

City/Town: _____ Phone: _____

Marital Status: Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

Race: _____ Ethnicity: Hispanic _____ Non-Hispanic _____

Preferred Language: _____

If other than English is an interpreter needed: Yes _____ No _____

Email address: _____

Employer: _____ Occupation: _____

Address: _____ Phone: _____

Spouse Name: _____ DOB _____

Insurance information:

Primary Insurance Company: _____

ID /Policy # _____ Group # _____

Subscriber name _____ relationship to patient _____

Secondary Insurance Company: _____

ID /Policy # _____ Group # _____

Subscriber name _____ relationship to patient _____

Emergency information:

Name: _____ Phone: _____

Address: _____ relationship _____

Referring physician or person _____

Your Pharmacy _____

For Minors: Name of responsible person: _____

Address: _____ Phone _____

SS # _____ DOB _____

Insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies for certain procedures pay only a percentage of the charge. It is your responsibility to pay any deductible amount, co- insurance or any balance not paid. I authorize release of information necessary to determine liability for payment and to obtain reimbursement on any claim. I request payment authorized benefits to be made on my behalf.

I assign the benefits payable to which I am entitled, including any private insurance.

This assignment will remain in effect until I revoke this in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize said assigned to release all information necessary to secure payment.

To My knowledge all the above is true.

Signature of patient _____ date _____

All copays are due at the time of service.

If today's visit is Workmans compensation or No fault please notify the receptionist.