

Sage Mountain Health
Demographic/Financial Agreement

Patient: _____

SSN: _____ DOB: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Appointment Reminders: ☐ Text ☐ Email ☐ Phone

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated Gender: _____

Race/Ethnicity: _____ African American _____ Asian _____ Caucasian _____ Hispanic
_____ Native American _____ Pacific Islander _____ Other _____

Employer: _____ Employer Phone: _____

School: _____ School Phone: _____

Primary Care Physician: _____

Address: _____

Physician Phone: _____

Were you referred to SMH? _____ If so, by whom: _____

Legal Status: ☐ Probation ☐ Parole ☐ Pre-trial ☐ No current legal involvement

Legal History (specify charges): _____

Emergency Contact: In the case of an emergency I consent that an AHC staff member may contact this person.

Name: _____ Relationship: _____

Phone: _____ Address: _____

Payment is due at time of service by check or credit card. A \$40.00 fee will be charged for all checks returned by the bank for NSF or any other reason. Any costs incurred in the collections of delinquent payments will be added to the original charges in addition to a \$25.00 administration fee. Interest charges will be incurred at the rate of 1.5% monthly for debt over 30 days late.

Patient Signature _____ Date: _____

Staff Signature: _____

"This information has been disclosed to you from records whose confidentiality is protected by State: Section 5328, Welfare and Institutions Code; and/or Federal Law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose."