

NEW PATIENT INTAKE FORM

PLEASE PRINT AND COMPLETE ALL ENTRIES				
FIRST NAME		LAST NAME		DATE OF BIRTH
SEX		SOCIAL SECURITY	PHONE NUMBER	EMAIL ADDRESS
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female				
ADDRESS		Doe		05/20/1990
CITY			STATE	ZIP CODE
MARITAL STATUS			SPOUSES NAME	SPOUSE PHONE NUMBER
Female			XXX-XX-1234	(555) 987-6543
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED				
EMERGENCY CONTACT		RELATIONSHIP	PHONE NUMBER	
jane.doe@email.com				
INSURANCE INFORMATION				
DO YOU HAVE INSURANCE?		PRIMARY CARD HOLDER		PRIMARY POLICY HOLDER NAME
New York				NY
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE. <input type="checkbox"/> PARENT. <input type="checkbox"/> OTHER		10001
PRIMARY INSURANCE COMPANY		PRIMARY ID NUMBER		PRIMARY GROUP NUMBER
DO YOU HAVE SECONDARY INSURANCE?		SECONDARY CARD HOLDER		SECONDARY POLICY HOLDER NAME
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE. <input type="checkbox"/> PARENT. <input type="checkbox"/> OTHER		
SECONDARY INSURANCE COMPANY		SECONDARY ID NUMBER		SECONDARY GROUP NUMBER
PAYMENT POLICIES				
<ul style="list-style-type: none">You are financially responsible for anything insurance does not cover. All copays are due and payable at each visit. The amount your insurance will allow and pay for and your financial responsibility is determined by your insurance company and the policy you have chosen. Your claim will be processed according to the benefits of your insurance plan. The deductible, co-insurance and co-pay are your financial responsibility. It is your responsibility to understand your insurance plan.<ul style="list-style-type: none">\$5 Fee for Co-pays not paid at the time of service.\$50 No Show Fee for any Missed Appointment that was not cancelled or rescheduled 24 hours prior to the appointment. Please be considerate and call at least 24 hours before your appointment if you cannot come in.<ul style="list-style-type: none">\$35 NSF charge for any returned check from the bank.If you are a private patient without insurance, all charges are due at the time of the visit. We do not send a statement to private pay patients.				
PRESCRIPTION POLICY				
PHARMACY NAME			PHARMACY PHONE NUMBER	
<ul style="list-style-type: none">Please do not wait until your last pill to call for a refill. There is a 72 hour turn around for prescription refills. If you have not seen the Physician in six months, the prescription will be Denied.				
PATIENT SIGNATURE			DATE	