Acme Medical Group

123 Main St Any Town, NY 12345 (555) 123-4567

Patient Intake Form

MANE (LEAR FIRST Models)	PATIENT INFO	ORMATION													
CICY_A DODESS						MRI									1
RANGE NAME		John Samp	le						123-45-	6789	05/	15/1980	E	nglish	M
NAME PHONE DAY PHONE SSS-987-6543 John.3@EMILLOM Dr. Jane Doe Dr. Jane Doe Contract Phone Downworth Dr. Jane Doe Dr. Jane	LOCAL ADDRESS	CITY,	STATE	E ZIP		REF	ERRING PHYSICIA	N		SECONDA	RY/BIL	LING ADDRE	SS	ETHNICITY	
S55-967-6543 Ohn.s@email.com Or. Jane Doe Anytown, NY 12345 Caucasian	789 Main st	Ar	ıy To	wn, NY - 12	345										
MARTICAL STATUS STUDENT STATUS SMOKER (YN)? VETERAN YNN? ELEGACIONY CONTACT NAME C(555) 246-8135 C(555) 246-	HOME PHONE	DAY PHONE		EMAIL ADDRE	SS	PRII	MARY CARE PROVI	IDEF	₹	CITY, STA	TE ZIF)		RACE	
Married	555-567-8901	555-987-65	43	john.s@er	nail.com	[Or. Jane Doe			Anyto	wn, N	NY 12345		Caucasian	
SECUNAL CRIENTATION PREFERRED PRONOUN GENDER IDENTITY PRIMARY EMPLOYER Tech Solution Inc ADDRESS 456 Business Ave CITY, STATE ZIP ANYTOWN, NY 12345 WORK PHONE (555) 789-0123 RESPONSIBLE PARTY INFORMATION (If Different than above) NAME (Last, First Middle) LOCAL ADDRESS CITY, STATE ZIP WORK PHONE CITY, STATE ZIP SECONDARY/BILLING ADDRESS (if Applicable) SENP BIRTHDATE LANGUAGE SEX LOCAL ADDRESS CITY, STATE ZIP SECONDARY/BILLING ADDRESS (if Applicable) MARITAL STATUS FILE-Immediate BIRTHDATE LANGUAGE SEX SECONDARY/BILLING ADDRESS (if Applicable) RELATIONSHIP TO PATIENT ADDRESS OF INSURANCE COMPANY APEX Health Assurance RAME OF INSURANCE COMPANY APEX Health (ASSURANCE COMPANY AS9 Insurance Bivd CITY, STATE ZIP (800) 555-1234 BIRTHDATE SECONDARY/INSURANCE (If Applicable) RELATIONSHIP TO PATIENT Self SECONDARY/INSURANCE (If Applicable) RELATIONSHIP TO PATIENT Self SECONDARY/INSURANCE (If Applicable) NAME OF INSURANCE COMPANY SECONDARY/INSURANCE (If Applicable) RELATIONSHIP TO PATIENT Self SECONDARY/INSURANCE (If Applicable) RELATIONSHIP TO PATIENT Self SECONDARY/INSURANCE (If Applicable) NAME OF INSURANCE COMPANY SECONDARY/INSURANCE (If Applicable) RELATIONSHIP TO PATIENT Self SECONDARY/INSURANCE (If Applicable) NAME OF INSURANCE COMPANY SECONDARY/INSURANCE (If Applicable) RELATIONSHIP TO PATIENT Self SECONDARY/INSURANCE (If Applicable) NAME OF INSURANCE COMPANY SECONDARY/INSURANCE COMPANY SECONDARY/INSURANCE COMPANY SECONDARY/INSURANCE (If Applicable) RELATIONSHIP TO PATIENT Self SECONDARY/INSURANCE (If Applicable) RELATIONSHIP TO PATIENT Self SECONDARY/INSURANCE (If Applicable) RELATIONSHIP TO PATIENT SECONDARY/	MARITAL STATUS	STUDENT STATUS	S	MOKER (Y/N)?	VETERAN (Y	/N)?	EMERGENCY CO	NTA	CT NAME		CONT	ACT PHONE		HOME PHONE	
PRIMARY EMPLOYER Tach Solution Inc ADDRESS 456 Business Ave CITY, STATE ZIP Anytown, NY 12345 WORK PHONE (S55) 789-0123 RESPONSIBLE PARTY INFORMATION (If Different than above) NAME (Last, Frist Middle) CITY, STATE ZIP MARRITAL STATUS STUDENT STA	Married	Full-Time Part-	Time	N	N		Janice Samp	ole			(5	55) 246-81	135		
ADDRESS 456 BUSINESS AVE 457 STATE ZIP ANYTOWN, NY 12345 WORK PHONE (S55) 789-0123 WORK PHONE (S55) 789-0123 RESPONSIBLE PARTY INFORMATION (if Different tian above) RAME (Last, First Middle) ADDRESS CITY, STATE ZIP SECONDARYIBILLING ADDRESS (if Applicable) BIRTHDATE LANGUAGE SEX BIRTHDATE LANGUAGE SEX CITY, STATE ZIP SECONDARYIBILLING ADDRESS (if Applicable) FORMARY INSURANCE COPAY ANT APEN HEARTH ASSURANCE COMPANY APEN HEARTH ASSURANCE COMPANY 789 Insurance Blvd CITY, STATE ZIP PHONE (B00) 555-1234 BIRTHDATE COPAY ANT SECONDARY INSURANCE SECONDARY INSURANCE COMPANY APEN HEARTH ASSURANCE COMPANY APEN HEARTH SET SET SECONDARY INSURANCE COMPANY APEN HEARTH SET SET SECONDARY INSURANCE COMPANY APEN HEARTH SET SET SET SECONDARY INSURANCE COMPANY APEN HEARTH SET SET SET SET SET SET SECONDARY INSURANCE COMPANY APEN HEARTH SET	SEXUAL ORIENTATION	V	PREF	FERRED PRON	DUN GEN	IDER	IDENTITY								
ADDRESS 456 BUSINESS AVE 457 STATE ZIP ANYTOWN, NY 12345 WORK PHONE (S55) 789-0123 WORK PHONE (S55) 789-0123 RESPONSIBLE PARTY INFORMATION (if Different tian above) RAME (Last, First Middle) ADDRESS CITY, STATE ZIP SECONDARYIBILLING ADDRESS (if Applicable) BIRTHDATE LANGUAGE SEX BIRTHDATE LANGUAGE SEX CITY, STATE ZIP SECONDARYIBILLING ADDRESS (if Applicable) FORMARY INSURANCE COPAY ANT APEN HEARTH ASSURANCE COMPANY APEN HEARTH ASSURANCE COMPANY 789 Insurance Blvd CITY, STATE ZIP PHONE (B00) 555-1234 BIRTHDATE COPAY ANT SECONDARY INSURANCE SECONDARY INSURANCE COMPANY APEN HEARTH ASSURANCE COMPANY APEN HEARTH SET SET SECONDARY INSURANCE COMPANY APEN HEARTH SET SET SECONDARY INSURANCE COMPANY APEN HEARTH SET SET SET SECONDARY INSURANCE COMPANY APEN HEARTH SET SET SET SET SET SET SECONDARY INSURANCE COMPANY APEN HEARTH SET															
ADDRESS 456 BUSINESS AVE 457 STATE ZIP ANYTOWN, NY 12345 WORK PHONE (S55) 789-0123 WORK PHONE (S55) 789-0123 RESPONSIBLE PARTY INFORMATION (if Different tian above) RAME (Last, First Middle) ADDRESS CITY, STATE ZIP SECONDARYIBILLING ADDRESS (if Applicable) BIRTHDATE LANGUAGE SEX BIRTHDATE LANGUAGE SEX CITY, STATE ZIP SECONDARYIBILLING ADDRESS (if Applicable) FORMARY INSURANCE COPAY ANT APEN HEARTH ASSURANCE COMPANY APEN HEARTH ASSURANCE COMPANY 789 Insurance Blvd CITY, STATE ZIP PHONE (B00) 555-1234 BIRTHDATE COPAY ANT SECONDARY INSURANCE SECONDARY INSURANCE COMPANY APEN HEARTH ASSURANCE COMPANY APEN HEARTH SET SET SECONDARY INSURANCE COMPANY APEN HEARTH SET SET SECONDARY INSURANCE COMPANY APEN HEARTH SET SET SET SECONDARY INSURANCE COMPANY APEN HEARTH SET SET SET SET SET SET SECONDARY INSURANCE COMPANY APEN HEARTH SET	PRIMARY EMPLOYER		1		<u> </u>	SEC	CONDARY EMPLOY	FR ((if Applicable	e)					
CITY, STATE ZIP ANYTOWN, NY 12345 WORK PHONE (S55) 789-0123 RESPONSIBLE PARTY INFORMATION (if Different than above) NAME (Last, First Middle) LOCAL ADDRESS CITY, STATE ZIP SECONDARY/BILLING ADDRESS (if Applicable) MARTIAL STATUS STUDIAL STATUS SECONDARY INSURANCE STUDIAL STATUS SECONDARY INSURANCE STUDIAL STATUS SECONDARY INSURANCE STUDIAL STATUS SECONDARY INSURANCE SECONDARY INSURANCE STATUS SECONDARY INSURANCE SECONDARY INSURANCE SECONDARY INSURANCE SECONDARY INSURANCE SECONDAR		Inc					20112711111 2011	,	(, .ppoab.c	-,					
CITY, STATE ZIP ANYTOWN, NY 12345 WORK PHONE (S55) 789-0123 RESPONSIBLE PARTY INFORMATION (if Different than above) NAME (Last, First Middle) LOCAL ADDRESS CITY, STATE ZIP SECONDARY/BILLING ADDRESS (if Applicable) MARTIAL STATUS STUDIAL STATUS SECONDARY INSURANCE STUDIAL STATUS SECONDARY INSURANCE STUDIAL STATUS SECONDARY INSURANCE STUDIAL STATUS SECONDARY INSURANCE SECONDARY INSURANCE STATUS SECONDARY INSURANCE SECONDARY INSURANCE SECONDARY INSURANCE SECONDARY INSURANCE SECONDAR	ADDRESS					ADE	DRESS								
ANY PLANT INSURANCE COMPANY APRE HOUSE STATE ZIP		Ave				,,,,,,	J. LOO								
ANY PLANT INSURANCE COMPANY APRE HOUSE STATE ZIP	CITY STATE 7ID					CIT	V STATE ZID								
WORK PHONE (S55) 789-0123 RESPONSIBLE PARTY INFORMATION (if Different than above) NAME (Last, First Middle) CITY, STATE ZIP SECONDARY/BILLING ADDRESS (if Applicable) HOME PHONE DAY PHONE BIRTHDATE SECONDARY/BILLING ADDRESS (if Applicable) CITY, STATE ZIP SECONDARY/BILLING ADDRESS (if Applicable) CITY, STATE ZIP CITY, STATE ZIP POLICY# AHA123456789 RELATIONSHIP TO PATIENT PRIMARY INSURANCE COMPANY APE HEAlth Assurance NAME OF INSURANCE COMPANY 789 Insurance Blvd CITY, STATE ZIP PHONE (800) 555-1234 BIRTHDATE PHONE SECONDARY/BILLING ADDRESS (if Applicable) CITY, STATE ZIP POLICY# AHA123456789 STORY AHA123456789 STORY AHA123456789 AHA123456789 STORY AHA123456789 STORY AHA123456789 AHA123456789 AHA123456789 FINANCE COMPANY 789 Insurance Blvd COPAY AMT Self SECONDARY INSURANCE COMPANY FINANCE COMPANY FINANCE COMPANY SISTEMATION DATE 1/115/2024 SECONDARY INSURANCE COMPANY FINANCE COMPANY NAME OF INSURANCE COMPANY NAME OF INSURANCE COMPANY NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY PHONE SEN# BIRTHDATE GROUP# COPAY AMT SISTEMATION DATE 1/114/2025 SECONDARY INSURANCE COMPANY COPAY AMT SISTEMATION DATE 1/115/2024 SECONDARY INSURANCE COMPANY COPAY AMT SISTEMATION DATE 1/114/2025 SECONDARY INSURANCE COMPANY COPAY AMT SISTEMATION DATE 1/114/2025 SECONDARY INSURANCE COMPANY COPAY AMT SISTEMATION DATE 1/115/2024 COPAY AMT SISTEMATION DATE 1/115/2025 COPAY AMT SISTEMATION DATE 1/115/2025	·	12345				CII	I, STATE ZIF								
RESPONSIBLE PARTY INFORMATION (if Different than above) NAME (Last, First Middle) CITY, STATE ZIP SECONDARY/BILLING ADDRESS (if Applicable) SSN# BIRTHDATE LANGUAGE SECONDARY/BILLING ADDRESS (if Applicable) SSN# BIRTHDATE LANGUAGE SECONDARY/BILLING ADDRESS (if Applicable) SCONDARY/BILLING ADDRESS (if Applicable) CITY, STATE ZIP SECONDARY/BILLING ADDRESS (if Applicable) CITY, STATE ZIP CITY, STATE ZIP SECONDARY/BILLING ADDRESS (if Applicable) CITY, STATE ZIP SECONDARY/BILLING ADDRESS (if Applicable) CITY, STATE ZIP SECONDARY/BILLING ADDRESS (if Applicable) SECONDARY/BILLING ADDRESS (if Applicable) SECONDARY INSURED APPLICATE SECONDARY INSURED SECONDARY INSURANCE COMPANY SECONDARY IN	, ,					WO	DK BHONE								
RESPONSIBLE PARTY INFORMATION (if Different than above) NAME (Last, First Middle) CITY, STATE ZIP SECONDARY/BILLING ADDRESS (if Applicable) HOME PHONE DAY PHONE DAY PHONE DAY PHONE EMAIL ADDRESS SHOKER (Y/N)? VETERAN (Y/N)? PRIMARY CARE PROVIDER MARITAL STATUS FULL-STATE ZIP PRIMARY INSURANCE NAME OF INSURANCE COMPANY APEX Health Assurance NAME OF INSURANCE COMPANY 789 Insurance Blvd RELATIONSHIP TO PATIENT PHONE (800) 555-1234 BIRTHDATE BRITHDATE LANGUAGE SECONDARY INSURANCE COMPANY 789 Insurance COMPANY 789 Insurance Blvd PHONE (800) 555-1234 BIRTHDATE BRITHDATE COPAY AMT COPAY AMT SIDON RELATIONSHIP TO PATIENT Self SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY NAME OF INSURANCE COMPANY NAME OF INSURANCE COMPANY NAME OF INSURANCE COMPANY POLICY# BIRTHDATE BRITHDATE LANGUAGE SECONDARY INSURANCE COMPANY POLICY# ADDRESS OF INSURANCE COMPANY POLICY# SECONDARY INSURANCE COMPANY POLICY# BERTHODIE BRITHDATE LANGUAGE SECONDARY INSURANCE COMPANY POLICY# SECONDARY INSURANCE COMPANY PRIMARY CARE PROVIDER HOME PHONE SECONDARY INSURANCE COMPANY SECONDARY INSURANCE COMPANY SECONDARY INSURANCE COMPANY SECONDAR		13				I WO	KK PHONE								
NAME (Last, First Middle)	1 1		-00	MATION	/:C D:CC	<u> </u>									
LOCAL ADDRESS CITY, STATE ZIP SECONDARY/IBILLING ADDRESS (If Applicable) MARITAL STATUS STUDENT STATUS SMOKER (Y/N)? VETERAN (Y/N)? PRIMARY CARE PROVIDER RELATIONSHIP TO PATEINT POLICY# APPRIMARY INSURANCE NAME OF INSURANCE COMPANY APEX Health Assurance NAME OF INSURANCE COMPANY 789 Insurance Blvd CITY, STATE ZIP PHONE (800) 555-1234 BIRTHDATE SSN# BIRTHDATE GROUP# ADDRESS OF INSURANCE COMPANY POLICY# 1/14/2025 SECONDARY/INSURANCE ZIP PHONE (800) 555-1234 BIRTHDATE GROUP# COPAY AMT STATE ZIP POLICY# ADDRESS OF INSURANCE COMPANY NAME OF INSURANCE COMPANY NAME OF INSURANCE COMPANY POLICY# BIRTHDATE GROUP# COPAY AMT SCOPAY AMT SCOPAY AMT SECONDARY/INSURANCE ZIP PHONE COPAY AMT SECONDARY/INSURANCE ZIP PHONE SSN# BIRTHDATE GROUP# COPAY AMT SCOPAY AMT			-OR	MATION	(if Differe	ent t	than above)		0014		DIDTI	IDATE	LANO		OFY
HOME PHONE DAY PHONE EMAIL ADDRESS CITY, STATE ZIP MARITAL STATUS STUDENT STATUS Full-time Part-time Part	NAME (Last, FIRST MIDDI	e)							55N#		BIKIH	IDATE	LANG	UAGE	SEX
HOME PHONE DAY PHONE EMAIL ADDRESS CITY, STATE ZIP MARITAL STATUS STUDENT STATUS Full-time Part-time Part															
MARITAL STATUS STUDENT STATUS Full-time Part-time SMOKER (Y/N)? VETERAN (Y/N)? PRIMARY CARE PROVIDER HOME PHONE PRIMARY INSURANCE POLICY# APEX Health Assurance POLICY# APEX Health Assurance Blvd POLICY# STATE ZIP	LOCAL ADDRESS		CHY, S	STATE ZIP							SECO	NDARY/BILLII	NG AD	DRESS (if Applica	ble)
MARITAL STATUS STUDENT STATUS Full-time Part-time SMOKER (Y/N)? VETERAN (Y/N)? PRIMARY CARE PROVIDER HOME PHONE PRIMARY INSURANCE POLICY# APEX Health Assurance POLICY# APEX Health Assurance Blvd POLICY# STATE ZIP				T											
RELATIONSHIP TO PATIENT PRIMARY INSURANCE NAME OF INSURANCE COMPANY APEX Health Assurance NAME OF INSURANCE COMPANY T89 Insurance Blvd CITY, STATE ZIP INSURANCE COMPANY Self SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY Self SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY Self SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY SEN# BIRTHDATE GROUP# COPAY AMT SCOPAY AMT SCOP	HOME PHONE	DAY PHONE		EMAIL ADDRE	ESS						CITY,	STATE ZIP			
RELATIONSHIP TO PATIENT PRIMARY INSURANCE NAME OF INSURANCE COMPANY APEX Health Assurance NAME OF INSURANCE COMPANY T89 Insurance Blvd CITY, STATE ZIP INSURANCE COMPANY Self SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY Self SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY Self SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY SEN# BIRTHDATE GROUP# COPAY AMT SCOPAY AMT SCOP			- 1-				T								
RELATIONSHIP TO PATIENT PRIMARY INSURANCE NAME OF INSURANCE COMPANY Apex Health Assurance NAME OF INSURANCE COMPANY APEX Hosth Assurance ADDRESS OF INSURANCE COMPANY 789 Insurance Blvd CITY. STATE ZIP Insuranceville, NY 54321 RELATIONSHIP TO PATIENT Self SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY RELATIONSHIP TO PATIENT Self SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY POLICY# GROUP# COPAY AMT SOME GROUP# ADDRESS OF INSURANCE COMPANY POLICY# ADDRESS OF INSURANCE COMPANY DEDUCTIBLE SECONDARY SECONDARY BIRTHDATE GROUP# COPAY AMT S CITY, STATE ZIP PHONE DEDUCTIBLE SOME SOME GROUP# ADDRESS OF INSURANCE COMPANY DEDUCTIBLE SOME SECONDARY S CITY, STATE ZIP DEDUCTIBLE SOME SECONDARY DEDUCTIBLE SOME SECONDARY S CITY, STATE ZIP DEDUCTIBLE S CITY, STATE ZIP DEDUCTIBLE S CITY STATE ZIP AND S CITY S	MARITAL STATUS			MOKER (Y/N)?	VETERAN (Y	/N)?	PRIMARY CARE P	PRO\	VIDER		HOME	PHONE			
PRIMARY INSURANCE NAME OF INSURANCE COMPANY Apex Health Assurance NAME OF INSURANCE COMPANY Apex Health Assurance POLICY# AHA123456789 ROROUP# AH987654 ADDRESS OF INSURANCE COMPANY 789 Insurance Blvd CITY, STATE ZIP Insuranceville, NY 54321 PHONE (800) 555-1234 PHONE (800) 555-1234 PHONE SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY POLICY# ADDRESS OF INSURANCE COMPANY POLICY# ADDRESS OF INSURANCE COMPANY POLICY# COPAY AMT SSN# BIRTHDATE GROUP# ADDRESS OF INSURANCE COMPANY POLICY# COPAY AMT SOME SINH BIRTHDATE GROUP# ADDRESS OF INSURANCE COMPANY POLICY# BIRTHDATE BEDUCTIBLE \$ CITY, STATE ZIP PHONE DEDUCTIBLE \$	ļ.		time			1									
NAME OF INSURANCE COMPANY Apex Health Assurance NAME OF INSURED John Sample ADDRESS OF INSURANCE COMPANY 789 Insurance Blvd CITY, STATE ZIP Insuranceville, NY 54321 RELATIONSHIP TO PATIENT Self NAME OF INSURANCE COMPANY NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY PHONE CITY, STATE ZIP BIRTHDATE GROUP# COPAY AMT COPAY AMT SETIMATE ZIP BIRTHDATE BIRTHDATE BEDUCTIBLE SEDEDUCTIBLE	RELATIONSHIP TO PA	TIENT													
NAME OF INSURANCE COMPANY Apex Health Assurance NAME OF INSURED John Sample ADDRESS OF INSURANCE COMPANY 789 Insurance Blvd CITY, STATE ZIP Insuranceville, NY 54321 RELATIONSHIP TO PATIENT Self NAME OF INSURANCE COMPANY NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY PHONE CITY, STATE ZIP BIRTHDATE GROUP# COPAY AMT COPAY AMT SETIMATE ZIP BIRTHDATE BIRTHDATE BEDUCTIBLE SEDEDUCTIBLE															
APEX Health Assurance NAME OF INSURED John Sample ADDRESS OF INSURANCE COMPANY 789 Insurance Blvd CITY, STATE ZIP Insuranceville, NY 54321 RELATIONSHIP TO PATIENT Self SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY POLICY# ADDRESS OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY POLICY# COPAY AMT COPAY AMT COPAY AMT SEDUCTIBLE COPAY AMT SEDUCTIBLE BIRTHDATE COPAY AMT SEDUCTIBLE BIRTHDATE BEDUCTIBLE SEDUCTIBLE SEDUCTI															
NAME OF INSURED John Sample ADDRESS OF INSURANCE COMPANY 789 Insurance Blvd CITY, STATE ZIP Insuranceville, NY 54321 RELATIONSHIP TO PATIENT Self SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY SSN# BIRTHDATE GROUP# AH987654 COPAY AMT \$ 15 DEDUCTIBLE \$ 1000 EXPIRATION DATE 1/15/2024 1/14/2025 SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY COPAY AMT \$									F		2745	6700			
ADDRESS OF INSURANCE COMPANY 789 Insurance Blvd CITY, STATE ZIP Insuranceville, NY 54321 RELATIONSHIP TO PATIENT Self SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY CITY, STATE ZIP PHONE SSN# BIRTHDATE GROUP# COPAY AMT SOUND SEPECTIVE DATE 1/15/2024 EXPIRATION DATE 1/114/2025 EXPIRATION DATE 1/114/2025 EXPIRATION DATE 1/114/2025 EXPIRATION DATE 1/114/2025 SECONDARY INSURANCE COMPANY SSN# BIRTHDATE GROUP# COPAY AMT SOUND SECONDARY INSURANCE COMPANY DEDUCTIBLE SECONDARY SECONDARY INSURANCE COMPANY DEDUCTIBLE SECONDARY	•	Assurance								AHAT	2345	6/89			
ADDRESS OF INSURANCE COMPANY 789 Insurance Blvd CITY, STATE ZIP Insuranceville, NY 54321 RELATIONSHIP TO PATIENT Self SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY PHONE CITY, STATE ZIP PHONE (800) 555-1234 PHONE BIRTHDATE GROUP# COPAY AMT STATE ZIP PHONE DEDUCTIBLE EXPIRATION DATE 1/14/2025 EXPIRATION DATE 1/15/2024 1/14/2025 EXPIRATION DATE 1/15/2024 1/17/2025 EXPIRATION DATE 1/15/2024 EXPIRATION DATE 1/15/2024 1/17/2025 EXPIRATION DATE 1/15/2024 EXPIRATION															
789 Insurance Blvd \$15 CITY, STATE ZIP Insuranceville, NY 54321 PHONE (800) 555-1234 EFFECTIVE DATE 1/15/2024 1/14/2025 SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY SSN# BIRTHDATE GROUP# ADDRESS OF INSURANCE COMPANY STATE ZIP PHONE PHONE DEDUCTIBLE STATE ZIP PHONE DEDUCTIBLE STATE ZIP PHONE DEDUCTIBLE STATE ZIP PHONE DEDUCTIBLE STATE ZIP PHONE DEDUCTIBLE STATE ZIP PHONE DEDUCTIBLE STATE ZIP PHONE DEDUCTIBLE STATE ZIP PHONE DEDUCTIBLE STATE ZIP PHONE DEDUCTIBLE STATE ZIP PHONE DEDUCTIBLE STATE ZIP PHONE DEDUCTIBLE STATE ZIP PHONE DEDUCTIBLE STATE ZIP PHONE	•									AH98	/654				
CITY, STATE ZIP Insuranceville, NY 54321 RELATIONSHIP TO PATIENT Self SECONDARY INSURANCE (if Applicable) NAME OF INSURED ADDRESS OF INSURANCE COMPANY PHONE (800) 555-1234 EFFECTIVE DATE 1/15/2024 EXPIRATION DATE 1/14/2025 SECONDARY INSURANCE COMPANY POLICY# COPAY AMT COPAY AMT SITY, STATE ZIP PHONE DEDUCTIBLE \$									C	COPAY AMT	•				
Insuranceville, NY 54321 RELATIONSHIP TO PATIENT Self SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY PHONE PHONE SSN# BIRTHDATE GROUP# COPAY AMT COPAY AMT SEFFECTIVE DATE 1/15/2024 EXPIRATION DATE 1/14/2025 EXPIRATION DATE 1/15/2024 1/14/2025 EXPIRATION DATE 1/14/2025 EXPIRATION DATE 1/15/2024 1/14/2025 EXPIRATION DATE 1/15/2024 1/14/2025 EXPIRATION DATE 1/15/2024 1/14/2025	789 Insurance	e Blvd											\$	15	
RELATIONSHIP TO PATIENT Self SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY POLICY# ADDRESS OF INSURANCE COMPANY PHONE PHONE EXPIRATION DATE 1/14/2025 EXPIRATION DATE 1/15/2024 I (1/14/2025) EXPIRATION DATE 1/14/2025					I				[DEDUCTIBL	E		_		
Self SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY NAME OF INSURANCE COMPANY ADDRESS OF INSURANCE COMPANY CITY, STATE ZIP PHONE 1/15/2024 1/14/2025 RAPPICATION SENT SITE SITE STATE STAT	Insuranceville	e, NY 54321			(8	00)	555-1234						\$	1000	
SECONDARY INSURANCE (if Applicable) NAME OF INSURANCE COMPANY POLICY# ADDRESS OF INSURANCE COMPANY CITY, STATE ZIP PHONE POLICY# GROUP# COPAY AMT \$ DEDUCTIBLE \$	RELATIONSHIP TO PA	TIENT							E						
NAME OF INSURANCE COMPANY NAME OF INSURED SSN# BIRTHDATE GROUP# ADDRESS OF INSURANCE COMPANY CITY, STATE ZIP PHONE PHONE POLICY# GROUP# SOUP# COPAY AMT \$ DEDUCTIBLE \$	Self									1/15	/202	4		1/14/2025	
NAME OF INSURANCE COMPANY NAME OF INSURED SSN# BIRTHDATE GROUP# ADDRESS OF INSURANCE COMPANY CITY, STATE ZIP PHONE PHONE POLICY# GROUP# SOUP# COPAY AMT \$ DEDUCTIBLE \$	SECONDARY	INSURANCE	E (if ,	Applicable	·)										
ADDRESS OF INSURANCE COMPANY COPAY AMT S CITY, STATE ZIP PHONE DEDUCTIBLE \$			`		<i>′</i>				F	POLICY#					
ADDRESS OF INSURANCE COMPANY COPAY AMT S CITY, STATE ZIP PHONE DEDUCTIBLE \$															
CITY, STATE ZIP PHONE DEDUCTIBLE \$	NAME OF INSURED					SSN	\ #	BIR	THDATE	GROU	JP#				
CITY, STATE ZIP PHONE DEDUCTIBLE \$															
CITY, STATE ZIP PHONE DEDUCTIBLE \$	ADDRESS OF INSURA	NCE COMPANY				1				OPAY AMT					
CITY, STATE ZIP PHONE DEDUCTIBLE \$													\$		
\$	CITY, STATE ZIP				PHON	E				DEDUCTIBL	E				
													\$		
ET ESTITE OTTE OTTE OTTE OTTE OTTE OTTE OTTE	RELATIONSHIP TO PA	TIENT							F	FFECTIVE	DATE		_	RATION DATE	
	1								-		J L				

I certify that I am the patient, or a duly authorized agent. I understand that, even though I have insurance I am responsible for payment today. I authorize release of medical information for insurance claims. I permit a copy of this authorization to be used in place of the original. This authorization will remain in effect until revoked by me in writing. I authorize my insurance to assign benefits to Acme Medical Group (AMG). Under HIPAA Treatment, Payment Operations I give permission to AMG to access Pharmacy Benefit Managers for management of prescriptions.

10/09/2024



Apex Health Assurance

Member NameDependantsJohn SampleJohn SampleMember IDJane SampleAHA123456789Jim Sample

Plan Group No AH987654 **PPO** Office Visit BIN 246801 \$15 Benefit Plan **AHAPPO** Specialist Visit **\$15** Effective Date **01/15/2024** Emergency \$75 Deductible \$1000



ATE:	101	9	2024

NAME John Sample

AGE: 44

Dr. James Smith, M.D.

Endocrinologist

MBBS, MD I Medicine, MCPS Specialist in Endocrinology

C/O nece suelling for past 2 weeks, no pain or

discharge. No fever, might sweats, loss of appetite

wt - 56 Kg ht - 1.56M Vitals - normal

local eram - 10 cm swelling from located in midline below thywid notch

no tendreness or redney

noves frols.

no Signs of hyper or hypothyroid state

Tests - fall thoroid protie Ust thyroid

Biopsy - needle

Days: Mon, Tue, Wed, Thu, Fri O Timings 05:00 PM - 08:30 PM

> 123-456-7890, 444-666-8899 690 Main St, Any Town, NY 12345



