

NEW PATIENT INTAKE FORM

PLEASE PRINT AND COMPLETE ALL ENTRIES			
FIRST NAME Jamie		LAST NAME Shelley	
DATE OF BIRTH 10 / 10 / 2001			
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY	PHONE NUMBER	EMAIL ADDRESS j.shelley@4th-ir.com
ADDRESS 12 Coventry Gardens, United Kingdom			
CITY Coventry Gardens		STATE BA	ZIP CODE
MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	SPOUSES NAME	SPOUSE PHONE NUMBER	
EMERGENCY CONTACT	RELATIONSHIP	PHONE NUMBER	
INSURANCE INFORMATION			
DO YOU HAVE INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY CARD HOLDER <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE. <input type="checkbox"/> PARENT. <input type="checkbox"/> OTHER _____	PRIMARY POLICY HOLDER NAME	
PRIMARY INSURANCE COMPANY Glico Insurance	PRIMARY ID NUMBER	PRIMARY GROUP NUMBER	
DO YOU HAVE SECONDARY INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SECONDARY CARD HOLDER <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE. <input type="checkbox"/> PARENT. <input type="checkbox"/> OTHER _____	SECONDARY POLICY HOLDER NAME	
SECONDARY INSURANCE COMPANY National health Insurance	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 Ernest Chemist		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 <i>jameshe</i>		DATE 10/10/2023	