

NEW PATIENT INTAKE FORM

PLEASE PRINT AND COMPLETE ALL ENTRIES

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|---|-----------------|-----------------------------------|--|--|----------|
| FIRST NAME Nana Osei | | LAST NAME Brown | | DATE OF BIRTH 24/ 03/ 1996 / | |
| SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | SOCIAL SECURITY | PHONE NUMBER 0593808886 | | EMAIL ADDRESS nanabrownsnr@gmail.com | |
| ADDRESS | | | | | |
| CITY | | | | STATE | 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

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| DO YOU HAVE INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | PRIMARY CARD HOLDER <input checked="" type="checkbox"/> SELF <input type="checkbox"/> SPOUSE. <input type="checkbox"/> PARENT. <input type="checkbox"/> OTHER | PRIMARY POLICY HOLDER NAME |
| PRIMARY INSURANCE COMPANY Glico | PRIMARY ID NUMBER | PRIMARY GROUP NUMBER |
| DO YOU HAVE SECONDARY INSURANCE? <input type="checkbox"/> YES <input checked="" 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 | SECONDARY ID NUMBER | SECONDARY GROUP NUMBER |

PAYMENT POLICIES

- 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.
 - \$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.
 - \$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

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| PHARMACY NAME Ernest Chemist | PHARMACY PHONE NUMBER |
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- 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.

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| PATIENT SIGNATURE <i>Nana Brown</i> | DATE 28th August 2023 |
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