Date _____ (PLEASE PRINT) Phone _____

E-Mail _____

## Patient Information

Name _____ S.S. # _____

Last Name First Name Initial

Birthdate _____ ☐ Single ☐ Married ☐ Divorced ☐ Widowed Sex ☐ Male ☐ Female

Race ☐ Asian ☐ African Amer ☐ White ☐ Hispanic ☐ Other

Ethnicity ☐ Hispanic ☐ Non-Hispanic ☐ No Report

Language ☐ English ☐ Spanish ☐ Indian ☐ Russian ☐ Other

Address _____

City _____ State _____ Zip _____

Name of Spouse _____

Patient Employed By _____ Occupation _____

Business Address _____ Business Phone _____

Whom May We Thank For Referring You? _____

In Case of An Emergency Who Should Be Notified? _____ Phone _____

Relation To Patient _____

## Primary Insurance

Person Responsible For Account _____

Last Name First Name Initial

Relation To Patient _____ Birthdate _____ S.S. # _____

Address (If different from patient) _____ Phone _____

City _____ State _____ Zip _____

Person Responsible Employed by _____ Occupation _____

Insurance Company _____

Policy No. _____ Group No. _____

## Pharmacy

Pharmacy Name _____

Address _____

Phone _____

## Assignment and Release

**I, the undersigned certify that (or my dependent) have insurance coverage with**

**Name of Insurance Company(ies)**

**and assign directly to Dr. Vicki Seidmeyer all insurance benefits, if any, payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to releaseall information necessary to secure the payment of benefits. I authorize the use of this signature on all Insurance submissions.**

**Responsible Party Signature** **Relationship** **Date**

## Authorization for Treatment

**I consent to treatment as necessary or desirable to the care of the patient first named above, included but not restrictive to whatever drugs, medicine and conduct laboratory, x-ray or other studies that may be used by the attending physician, or said physician's nurses or qualified designate.**

**Responsible Party Signature** **Relationship** **Date**