

# Patient Information



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Billing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Patient's Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Employer Name (if applicable): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Spouse's Name (If applicable): \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_

Patient's Dependent Children:	Name: _____	Date of Birth: _____
<i>If Applicable</i>	Name: _____	Date of Birth: _____
	Name: _____	Date of Birth: _____

Father's Name (if patient is a minor):	_____	Date of Birth: _____
Father's Employer:	_____	Work Phone: ( ) _____
Mother's Name (if patient is a minor):	_____	Date of Birth: _____
Mother's Employer:	_____	Work Phone: ( ) _____

In Case of Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

<b><i>Patient Insurance Information - Including Medicare &amp; Medicaid</i></b>
Does the patient have insurance? No ___ Yes ___ If yes, it will be necessary to photocopy the insurance card(s).

<b><i>Person Responsible for Patient – If patient is under 18 years</i></b>
Name: _____ Date of Birth: _____
Address: _____ Street City State Zip
Home Phone: ( ) _____ Work Phone: ( ) _____
Social Security #: _____ Employer: _____

<b><i>Advance Directives</i></b>
I understand that Advance Directive information is available to me upon request. No ___ Yes ___

**CLINIC POLICY**  
It is the policy of the Stephenville Medical & Surgical Clinic to collect payment for services at the time they are performed. The clinic will either file your claim or furnish a claim form so you may receive reimbursement from your insurance company, however, the clinic accepts no liability or responsibility in settling disputed claims and holds patient or guarantor liable for payment of all charges. The clinic does not accept insurance as guarantor of your account.

REVISED 3/24/10  
Signature of Patient or Legally Responsible Party \_\_\_\_\_ Date \_\_\_\_\_