

WELCOME TO BEAVER FAMILY CLINIC

(Please print all information)

Name _____ Date of Birth _____
Marital Status (circle one) Single Married Divorced Widowed Separated
Mailing Address _____
City _____ State _____ Zip Code _____
Your Social Security No. _____ Driver's License No. _____
Home Phone () _____ Work Phone () _____
Occupation _____ Employer _____

Spouse's Name _____ Date of Birth _____
Spouse's Social Security No. _____ Work Phone () _____
Occupation _____ Employer _____

Emergency contact (other than spouse) _____
Relationship _____ Phone () _____
Address _____

If under 18, your Parent/Guardian's Name _____

INSURANCE AND BILLING INFORMATION

1. Your Insurance Co. Name _____ Effective date _____
Subscriber's Name _____ Subscriber's DOB _____
ID# or SS# _____ Group# _____
Relationship to subscriber: (circle one) self spouse father mother

2. Insurance Co. Name _____ Effective date _____
Subscriber's Name _____
ID# _____ Group# _____
Relationship to subscriber: (circle one) self spouse father mother

Medicare I.D.# _____ Medicaid I.D.# _____

ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize direct payment of medical/surgical benefits to Beaver Family Clinic for services rendered by the physicians, physician assistants, and other medical personnel. I understand that I am financially responsible for any balance not covered by my insurance.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Beaver Family Clinic to release any medical or incidental information that may be necessary for either medical care or in processing applications for financial benefits. I further authorize release of all medical records to other physicians that may be taking care of me for referrals, surgery, etc.

I certify that the information I have provided is true and correct.

A PHOTOCOPY OF THESE ASSIGNMENTS SHALL BE VALID AS THE ORIGINAL.

I hereby give Beaver Family Clinic and its physicians, my consent for any necessary medical evaluation and treatment.

Patient's Signature _____

Parent/Guardian's Signature _____

Date _____