Covenant Medical Center, P.C.

(PLEASE PRINT CLEARLY)

Patient Name: ____

Last Name First Name Middle Initial

Street Address: ____________________ City: __________ State: ______ Zip: ________

Sex: □M □F Date of Birth: ______________ □ Single □Married □Widowed □Separated □Divorced

Social Security No: ______________ Who Referred You: ______________

Phone No. Home: __________ Work: __________ Mobile: __________

Patient Employed By: ____________________ Occupation: __________

Business Address: ____________________ Business Phone: __________

Who is responsible for this account? ______________ Relationship to patient: __________

Address of responsible person: ______________________________

Social Security No. of responsible person: ______________ Phone: __________

Do you have Medicare? □Yes □No ID No: ______________

Do you have Medicaid? □Yes □No ID No:

Responsible Person – Primary Insurance Co. Name: ______________________

ID No: __________ Group No: __________ Policy No: __________

Insurance Co. Address: ____________________ Phone No: __________

Secondary Insurance Co. Name: ______________________________

ID No: __________ Group No: __________ Policy No: __________

Insurance Co. Address: ______________________________

In the event of an emergency who should be notified? ______________________

Relationship: __________ Phone No. Day: __________ Phone No. Evening: __________

Insurance Authorization & Assignment

I hereby authorize Covenant Medical Center, P.C. to furnish information to insurance carriers concerning my illness and treatments and I hereby assign to the physician all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance. I acknowledge this authorization for assignment of benefits will continue indefinitely unless revoked by me in writing by me. I will be responsible for all collection fees incurred if an outside collection agency is used to recover past due balances. I have read and understand the above.

Signature: ______________________________ Date: ______________