

Silver Health CARE, INC.

Today's Date: _____ Account #: _____

Patient Information

Patient's Full Legal Name: _____ D O B: _____
Marital Status: _____ Gender: _____ Age: _____ Patient's SSN: _____
Patient Address: _____ City/State/Zip: _____
Home Phone: _____ Work Phone: _____
Employer: _____ City/State/Zip: _____

Responsible Party Information

Guarantor/Responsible Party: _____ Responsible Party's SSN: _____

Address: _____ City/State/Zip: _____

Emergency Contact: _____ Phone: _____

Address: _____ City/State/Zip: _____

Referral Information

Referred to this office by: _____

Name of Primary Care Physician: _____ Phone: _____

Reason for today's exam: _____ Date of Injury/Accident: _____

Part of the body: _____

Right side: _____ Left side: _____

Were you injured on the job? Yes: _____ No: _____

Were you in an accident? Yes: _____ No: _____

Primary Insurance Information

Primary Insurance: _____

Cardholder/subscriber: _____ Relationship to Patient: _____

Cardholder's D O B: _____ Cardholder's SSN: _____

Employer's Name: _____ Phone: _____

Employer's Address: _____ City/State/Zip: _____

ID #: _____ Group #: _____

Effective date: _____ Co-pay amount: _____

Secondary Insurance Information

Secondary Insurance: _____

Cardholder/subscriber: _____ Relationship to Patient: _____

Cardholder's D O B: _____ Cardholder's SSN: _____

Employer's Name: _____ Phone: _____

Employer's Address: _____ City/State/Zip: _____

ID #: _____ Group #: _____

Effective date: _____ Co-pay amount: _____

Payment Policies/Insurance Release

Silver Internal Medicine will file insurance claims for Medicare services, Worker's Compensation services and all contracted insurance carriers. I understand that any balance on my account is solely my responsibility. I authorized release of medical information for my

insurance claims, and authorize payment of insurance benefits to Silver Internal Medicine. I am responsible for attorney fees and any

other expenses incurred for collection purposes.

Signature of Patient/Responsible Party _____ Date _____