

Allergy & Asthma Clinic and Peninsula Allergy & Asthma Associates

<u>PERSONAL INFORMATION (PLEASE PRINT)</u>		DATE: _____
PATIENT'S NAME: _____	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS: _____	HOME PHONE: _____	
CITY: _____	STATE: _____	ZIP CODE: _____
E-MAIL ADDRESS: _____	CELL #: _____	
DATE OF BIRTH: _____	SOCIAL SECURITY #: _____	
EMPLOYER: _____	OCCUPATION: _____	
WORK ADDRESS: _____		
WORK PHONE: _____		
DO YOU HAVE ANY DRUG ALLERGIES? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
REFERRING PHYSICIAN: _____	ADDRESS: _____	
CURRENT PHARMACY: _____		
OTHER PHYSICIANS: _____		
IN CASE OF EMERGENCY, PLEASE CONTACT: _____		RELATIONSHIP: _____
PHONE: _____		

INSURANCE INFORMATION

We will be happy to directly bill your insurance provider for your care. Please remember that you are financially responsible for all the costs of your care, regardless of your insurance coverage.

INSURANCE: _____	GROUP #: _____	INSURANCE ID: _____
PRIMARY INSURED: _____	RELATIONSHIP: _____	DOB: _____
EMPLOYER: _____	SOCIAL SECURITY #: _____	
EMPLOYER ADDRESS: _____		
EMPLOYER PHONE #: _____		
SECONDARY INSURANCE: _____	GROUP #: _____	INSURANCE ID: _____
PRIMARY INSURED: _____	RELATIONSHIP: _____	DOB: _____
EMPLOYER: _____	SOCIAL SECURITY #: _____	
EMPLOYER ADDRESS: _____		
EMPLOYER PHONE #: _____		

PAYMENT AND RELEASE AUTHORIZATION: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits or directly billed insurance payments to the Allergy and Asthma Clinic/Andrew C. Engler, M.D. for services provided. I understand that I am financially responsible for the entire charges, whether or not they are covered by my insurance.

I hereby authorize this healthcare provider to release all the information necessary to secure the payments of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

Patient/Responsible Party Signature: _____ DATE: _____