PATIENT INFORMATION
(Please Print)

Name: ___________________________________ Date of Birth: _____/____/____ Sex: ☐M ☐F
(LAST) (FIRST) (INITIAL)

Address: ___________________________________ _____________ ____ ____________
(STREET) (CITY) (ST) (ZIP)

Social Security # _____________________________ Home Phone: ________________________

Employer: _________________________________ Work Phone: ________________________

Cell: ______________________ Fax: __________________ Email: ________________________

Marital Status: ☐ S ☐ M ☐ D ☐ W Full Time Student: ☐ Y ☐ N

Emergency Contact Person: ____
(Name) (Relationship) (Phone)

Billing Information – Person Responsible for Paying this Bill

Name: ________________________________ Relation to Patient: _________________________

Address: ______________________________ ________________ _____ ____________
(STREET) (CITY) (ST) (ZIP)

Primary Insurance Company: ______________________________________
Policy Holder: ____________________**date of birth**__________ **Relation to Patient:** _______________

Secondary Insurance Company: ____________________________________
Policy Holder: ____________________**date of birth**__________ **Relation to Patient:** _______________

Is there any additional insurance coverage? ☐**Y** ☐**N**
Are you covered under the Medicare Secondary Payor Program? ☐**Y** ☐**N**

Preferred Pharmacy: _________________________ **Phone:** ____________________________

May we leave messages on your home answering machine regarding test results? Y___ N ___

Do you grant permission for us to speak to anyone (other than yourself) regarding your account or your health? _________
Name(s):____

I hereby consent to treatment by the physician and/or associates of Ivy Falls Family Medicine:
I hereby assign my insurance benefits to be paid directly to: **Ivy Falls Family Medicine**
I understand that I am financially responsible for all charges not covered by this assignment.

Signature: _____________________________________ **Date:** _______________________

Ivy Falls Family Medicine