

# Patient Information

Change  
 New

## PATIENT INFORMATION:

Send my monthly statement to:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ SEX \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

EMPLOYER TELEPHONE \_\_\_\_\_

REFERRING PHYSICIAN \_\_\_\_\_ ADDRESS \_\_\_\_\_

## RESPONSIBLE PARTY INFORMATION:

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ SEX \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

EMPLOYER TELEPHONE \_\_\_\_\_

## OTHER THAN YOUR HOUSEHOLD FOR EMERGENCY

NAME & RELATIONSHIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

## INSURANCE INFORMATION:

Primary Insurance Company:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

IDENTIFICATION NUMBER \_\_\_\_\_

POLICY/GROUP NUMBER \_\_\_\_\_

WHO HOLDS THIS INSURANCE? \_\_\_\_\_

PATIENT'S RELATIONSHIP TO INSURANCE HOLDER \_\_\_\_\_

(Self, Spouse, Child, Other)

Secondary Insurance Company:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

IDENTIFICATION NUMBER \_\_\_\_\_

POLICY/GROUP NUMBER \_\_\_\_\_

WHO HOLDS THIS INSURANCE? \_\_\_\_\_

PATIENT'S RELATIONSHIP TO INSURANCE HOLDER \_\_\_\_\_

(Self, Spouse, Child, Other)

I authorize payment, under the terms of my policy, to Dr. Charles M. Tarnoff and Dr. Keith Hilliard upon the submission of an itemized statement for services rendered.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## MEDICARE

\_\_\_\_\_  
Name of Beneficiary

\_\_\_\_\_  
HI Claim Number

"I request that payment of authorized Medicare benefits be made either to me or on my behalf to Dr. Charles M. Tarnoff and Dr. Keith Hilliard for any services furnished me by that physician or supplier. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits payable for related services."

\_\_\_\_\_  
Beneficiary Signature

\_\_\_\_\_  
Date