

Internal Medicine Specialists, P.C

(PLEASE PRINT CLEARLY OR TYPE)

Patient: _____
Last Name First Name Middle Initial

What would you like the doctor to call you? _____ Who referred you: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Sex: M F Age _____ Birthdate _____ Single Married Widowed Separated Divorced

Social Security No: _____ Phone No. Work: _____

Phone No. Home: _____ Mobile No: _____ E-Mail: _____

Patient Employed By: _____ Occupation: _____

Business Address: _____ Business Phone: _____

Spouse Name: _____ Spouse Social Security No: _____

Spouse Daytime Phone No: _____ Spouse Nighttime No: _____

Spouse Cell Phone No: _____ E-Mail Address: _____

Who is responsible for this account? _____ Relationship to Patient: _____

Address of responsible person: _____
Street City State Zip Code

Social Security No. of responsible person: _____ Phone Day: _____ Night: _____

Do you have Medicare? () Yes () No ID No: _____

Responsible Person – Primary Insurance Co. Name: _____ ID No: _____

Group No: _____ Address of Co: _____

Name of Company – Secondary Insurance: _____ ID No: _____

Group No: _____ Address of Co: _____

In case of emergency, who should be notified? _____ Relationship _____

Phone No. Daytime: _____ Evening No: _____ Cell Phone No: _____

INSURANCE AUTHORIZATION AND ASSIGNMENT

I hereby authorize Spencer Rozin, M.D. and/or Internal Medicine Specialists, 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 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 Payment Policies of Internal Medicine Specialists, P.C.

Signature

Date