

St. Clair Surgical Specialists, P.C.

PATIENT INFORMATION

_____ / ____ / _____ Male Female
 Name Last First MI Birth date Age Sex (circle one)

_____ - _____ - _____ Single Married Divorced Widowed
 Social Security Number Marital Status (circle one)

_____ _____ _____ _____ _____
 Address Apt. Number City State Zip

(____) _____ (____) _____ (____) _____
 Home Phone Number Work Phone Number Ext. Cell Phone Number

_____ (____) _____ _____ (____) _____
 Primary Physician Phone Number Referring Physician Phone Number

_____ Full-time Part-time Student _____
 Patient's Employer Employment Status (circle one) Spouse's (parent's, if minor) Employer
 Secondary insurance only: if insured different from patient:

_____ _____ _____ / ____ / _____ _____
 Name of insured Relationship to patient Birth date of insured Soc. Sec. No. of insured

_____ _____ (____) _____ _____
 Emergency Contact Name Relationship Phone Number Address

Assignment of Benefits – Authorization to pay benefits to the physician

I hereby authorize payment directly to the undersigned physician of the surgical and/or medical benefits, if any, otherwise payable to me for his services described below but not to exceed the reasonable and customary charge for these services. If secondary insurance card is not presented at the time of your visit, we are not responsible for billing that insurance. I UNDERSTAND THE PROVIDER'S CHARGE MAY EXCEED THE PRIVATE INSURANCE CARRIER PAYMENT, AND IF GREATER THAN SUCH PAYMENT, I WILL BE RESPONSIBLE FOR THAT AMOUNT.

Signature (Patient or parent, if minor) _____ Date _____

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information. The individual is also provided the right to request confidential communications or that a communication be made by alternative means.

I wish to be contacted in the following manner regarding test results, scheduling surgical procedures and appointments, etc. (check all that apply):

Home Telephone

Leave message on answering machine Cellular Phone _____
 Leave message with a family member Other _____
 Leave message with call-back number only

Work Telephone

Leave message with detailed information Mail to home address
 Leave message with call-back number only Mail to work address
 Fax to this number _____

Signature: _____ Date: _____