

PATIENT PROFILE

(PLEASE PRINT) FILL OUT COMPLETELY

PATIENT INFORMATION:

Name: _____ Date of Birth: _____ Age: _____ Sex: M F
Address: _____ Social Security #: _____
_____ Marital Status: Married Single Divorced Widowed
City, State, Zip: _____ Referring Physician: _____
Phone: _____ Home Cell Primary Physician: _____
Phone: _____ Work Other

Employer: _____ Work Phone: _____
Employer Address: _____ City, State, Zip _____
EMERGENCY Contact: _____ Phone: _____ Relationship: _____

RESPONSIBLE PARTY: Same as Patient

Name: _____ Phone: _____
Address: _____ Phone: _____
_____ Social Security #: _____
City, State, Zip: _____ Date of Birth: _____
Employer: _____ Sex: M F

PRIMARY INSURANCE: Same as Patient Same as Guarantor Other

Company: _____ Relationship to Patient: _____
Insured ID#: _____ Insured Card Holder: _____
Policy Group#: _____ Address: _____
Insured Party SS#: _____
Date of Birth: _____ City, State, Zip: _____
Sex: M F Insured Phone: _____

SECONDARY INSURANCE: Same as Patient Same as Guarantor Other

Company: _____ Relationship to Patient: _____
Insured ID: _____ Insured Card Holder: _____
Policy Group#: _____ Address: _____
Insured Party SS#: _____
Date of Birth: _____ City, State, Zip: _____
Sex: M F Insured Phone: _____

The above information is correct as of the date documented below.

Assignment of Benefits: I hereby assign all medical and/or surgical benefits to which I am entitled including major medical, Medicare, private insurance and any other health plans to Akron ENT Associates Inc. This agreement will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignees to release all information necessary to secure the payment.

PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED

SIGNED: _____ **DATE:** _____

Patient E-Mail Address: _____

Pharmacy Name: _____ Phone: _____

Address: _____ (04/14)