13 Sunset Drive
Latham, NY 12110
Tel (518) 218-1234

Name: ______________________________ Gender: M F

Address: ____
Street City State Zip Code

Phone: (H)____________________ (W) ____________________ (C) ____________________

Date of Birth: ____/____/________ Marital Status: [ ] Single [ ] Married [ ] Divorced [ ] Widow

SSN: ______/____/________ Ethnicity: [ ] Hispanic/Latino [ ] Non-Hispanic or Latino

Pharmacy Name: ______________________________ Phone: ____________________

Pharmacy Address: ____

Preferred Language: [ ] English [ ] Spanish [ ] Italian [ ] French [ ] Chinese
[ ] Russian [ ] Other ____________________

Race: [ ] American Indian/Alaskan Native [ ] Asian [ ] Black/African American
[ ] Native Hawaiian/Pacific Islander [ ] White [ ] Other ____________________

Emergency Contact: ____________________ ____________________ ____________________
Name Phone Relationship

Referred by: ____
Address: ____

Primary Care Physician: ____
Address: ____

Employer: ____
Address: ____

Is this a No-Fault Claim [ ] Yes [ ] No Is this a Work Related injury? [ ] Yes [ ] No

Are you covered by Insurance? [ ] Yes [ ] No

Primary Insurance: ______________________________ ID: ____________________

Group ID#: ________________ Policy Holder: ______________________________

Policy Holder DOB: ____/____/________ SSN: ______/____/________

Secondary Insurance: ______________________________ ID: ____________________

Group ID#: ________________ Policy Holder: ______________________________

Policy Holder DOB: ____/____/________ SSN: ______/____/________

Patient Authorization

I authorize payment of medical benefits to the above stated physician for services rendered. I acknowledge that I am financially responsible for all charges whether or not covered by insurance. I also authorize the release of any medical information necessary to process insurance claims, and the release of information back to my physician.

______________________________ ______________________________
Signature of Patient or Legal Guardian Date

POS Reorder #1302772