

DATE: _____

Patient's Name		Date of Birth	Social Security #	
Street Address			Email Address	
City	State	Zip Code	Home Telephone Number	
Employee Name		Cell Phone Number	Work Phone Number	

PRIMARY INSURANCE INFORMATION

Insurance Company Name		CoPay Amount	Group Name or #	ID #
Insurance Company Claims Address				
City	State	Zip Code	Telephone	
Policy Holder's Name (if other than Patient)			Social Security #	Date of Birth
Address				
City	State	Zip Code	Telephone	
Policy Holder's Employee			Employer's Group Plan: Yes ___ No ___	

SECONDARY INSURANCE INFORMATION

Insurance Company Name		CoPay Amount	Group Name or #	ID #
Insurance Company Claims Address				
City	State	Zip Code	Telephone	
Policy Holder's Name (if other than Patient)			Social Security #	Date of Birth
Address				
City	State	Zip Code	Telephone	
Policy Holder's Employer			Employer's Group Plan: Yes ___ No ___	

ADDITIONAL INFORMATION

Emergency Contact Name/Relationship		Home Phone	Work Phone Number	Cell Number
Referring Physician			Family or Primary Care Physician	
Pharmacy Name	Address		Phone Number	

ASSIGNMENT OF BENEFITS & INFORMATION RELEASE:

I hereby assign all medical and/or surgical benefits, to which I am entitled to Vein Centers for Excellence of Greenville. This assignment remains in effect until revoked by me in writing. A facsimile or photocopy of this assignment is to be considered valid as an original. I hereby authorize said assignee to release all information necessary to secure payment. I consent to the release of information by Vein Centers for Excellence of Greenville and my health insurance and/or payor to Vein Centers for Excellence of Greenville, and its employees/representatives to facilitate peer review and of my treatment including utilization and quality management. I understand that Vein Centers for Excellence of Greenville will maintain the confidentiality of this information at all times.

I understand that I am financially responsible for all charges whether or not paid by said insurance. I understand that my medical insurance is a contract between myself and the insurance company and/or my employer. Vein Centers for Excellence of Greenville is not a party to said contract. I understand that I am responsible for legal and/or collection fees necessary to settle my account, should it become delinquent.

SIGNED: _____

DATE: _____