



LAST NAME _____ FIRST NAME _____ MI _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ CELL _____ SS# _____ SEX: F M

May we leave confidential medical messages on your voice mail? Yes ___ No ___

Please note preferred confidential phone number: (____) _____

BIRTHDAY _____ **EMAIL** _____ MARITAL STATUS: M S D W
OCCUPATION _____ EMPLOYER _____
PRIMARY MD _____ PHONE: _____
REFERRING MD _____ PHONE: _____
PHARMACY _____ PHONE: _____

PERSONAL RESPONSIBILITY FOR PAYMENT

NAME _____ RELATIONSHIP TO PATIENT _____
ADDRESS _____ CITY _____ ZIP _____
SS# _____ BIRTHDAY _____ SEX F M
EMPLOYER _____ DMV LIC # _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____ PHONE: _____

INSURANCE INFORMATION

PRIMARY INSURANCE: _____ PHONE: _____
SUBSCRIBER NAME: _____ RELATIONSHIP TO PATIENT _____
SUBSCRIBER SS# _____ BIRTHDAY _____ SEX _____
SUBSCRIBER ID # _____ GROUP # _____ PLAN # _____
SECONDARY INSURANCE: _____ PHONE: _____
SUBSCRIBER NAME _____ RELATIONSHIP TO PATIENT _____
SUBSCRIBER SS# _____ BIRTHDAY _____ SEX _____
CERTIFICATE # _____ GROUP # _____ PLAN # _____

ASSIGNMENT & RELEASE: I HEREBY ASSIGN MY INSURANCE TO BE PAID DIRECTLY TO THE UNDERSIGNED PHYSICIAN. I AM FINANCIALLY RESPONSIBLE FOR NONCOVERED SERVICES, I ALSO AUTHORIZE THE UNDERSIGNED PHYSICIAN TO RELEASE TO MY INSURANCE CARRIERS ANY INFORMATION REQUIRED TO PROCESS THIS CLAIM. FURTHERMORE, I AGREE TO ALL OFFICE POLICIES AND PROCEDURES.

At Wellspring Health we value your time. This is why we do not overbook our schedule unless there is a medical emergency. The time we have scheduled for your appointment is never used to schedule additional patients. There is rarely a long wait in our office because of this policy. We honor our time with our patients and we want our patients to value our commitment to them. If you miss two scheduled clinic appointments within 48 hours of your visit without notification, you will be eligible to be discharged from our clinic. To be considered for reinstatement into the clinic, you will be charged \$75 per missed appointment and your physician will use his or her discretion as to whether to allow you to return. This policy is to help us maintain our commitment to those patients who are truly seeking a partnership for perfect health.

SIGNATURE _____ DATE _____