Patient Profile

Doctor: RICHARD C NAUHEIM MD

PATIENT INFORMATION

Name:

Address:

City,State:

Phone: [ ]Home [ ]Work [ ]Other

Phone: [ ]Home [ ]Work [ ]Other

Patient ID #: Sex: [ ]M [ ]F

Date of Birth:

Social Security #:

Marital Status: [ ]Married [ ]Single [ ]Divorced

Referring Physican:

Primary Physician:

PATIENT EMPLOYMENT

[ ]Employed [ ]Retired [ ]Unemployed [ ]Other

Phone:

Employer:

CONTACTS

GUARANTOR

[ ]Same as Patient

Name:

Address:

City,State:

EMPLOYMENT

Employer:

Phone:

Phone:

Social Security #:

Date of Birth:

PRIMARY INSURANCE

[ ]Same as Patient [ ]Same as Guarantor [ ]Other

Insured Party:

Insured Phone:

Company:

Relationship to Primary Insured/Guarantor:

Social Security #:

Insured ID:

Policy Group:

Date of Birth:

SECONDARY INSURANCE

[ ]Same as Patient [ ]Same as Guarantor [ ]Other

Insured Party:

Insured Phone:

Company:

Relationship to Primary Insured/Guarantor:

Social Security #:

Insured ID:

Policy Group:

Date of Birth:

I understand that I am receiving medical services from this office under the provisions of my insurance plan. I will be financially responsible for all deductibles, copays and co-insurances under the terms of my insurance contract. If my insurance plan requires a valid referral to receive medical care, I understnd that it is my responsibility to provide such referral. If my referral is determined to be invalid by my insurance carrier, I understand that I will be financially responsible for balances on my account. If my insurance plan is not accepted by this office or is of the 'indemnity' type, I understand that I am financially responsible for all balances remaining after payment of insurance benefits. I herby authorize and assign directly to Dr. Nauheim all medical benefits, if any, otherwise payable to me for services rendered. I hereby authorize the doctor to release all information necessary to secure the payments of benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic.

Signature:____________________ Print:____________________