

ADVANCED SPINE AND PAIN

Information Update

Name: _____ **DOB:** _____

Address: _____

Email Address: _____

Contact Info:

Home: _____ **Cell:** _____

Earliest Time to Call: _____ **Latest Time to Call:** _____

Is it ok to leave a detailed voice message at either of the numbers listed above?

YES, on this number _____

NO _____

Permission: The people listed below may have access to my private health information

_____ **DOB** _____

_____ **DOB** _____

The people listed below may have access to my billing account

_____ **DOB** _____

_____ **DOB** _____

Due to a new year, please be prepared to show your **ID** and **Insurance Card**.

Primary Insurance: _____

Secondary Insurance: _____

****There is a \$25 late fee for any patients arriving after 30 minutes and still able to see the provider****

****There is a \$50 same day cancelation/no show fee for all follow up appointments****

****These is a \$100 same day cancelation/no show fee for all injection appointments****

****All payments must be made prior to service****

Patient/Responsible Party Signature

Date