

PATIENT INFORMATION

Name _____ **Telephone** _____
Last First Middle Int.

Address _____
Street city zip

Employment _____
Name address telephone position

Age _____ **Date of Birth** ____/____/____ **# of Years Married** _____ **Marital Status** M S DV Sep W
(circle one)

Social Security No. _____ **Driver's License No.** _____

Husband Name _____ **Husband DOB:** ____/____/____ **& SSN** _____
Last First Middle

Husband/Parent
Employment _____
Name address telephone position

Nearest of Kin (other than husband) _____
Name address telephone relation

Referred by _____

Insurance Information _____
Plan Name _____ **ID#** _____ **Group#** _____

Medicinal Allergies _____ **Present Medication** _____

Operations _____

I understand that I am financially responsible for all charges whether or not paid by said insurance regardless of insurance coverage, and/or non-insurance covered charges, deductibles and co-insurance amounts incurred in this office, and that payments are due at the time services are rendered. I understand and agree that in the event that I fail to make payment for services rendered to me, my name and account may be turned over to an attorney or collection agency and I agree to pay said collection agency's fees for collection, court costs, and/or reasonable attorney fees that may incurred in the collection of any outstanding balance.

The office reserves the right to charge interest on the unpaid balances at the rate of 1.5% per month.

I authorize Dr. Yat-Min Chen to release any information acquired in the course of examination or treatment. I authorize any physician, hospital, or medical facility to provide all information on my medical history. I also authorize treatment by Dr. Yat-Min Chen and other physician, hospital or medical facility, where parent or responsible party cannot be contacted.

I authorize payment of medical benefits from my insurance company to go directly to Dr. Yat-Min Chen.
I CERTIFY THAT I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.

Date ____/____/____ Patient or Responsible Party _____