



New Patient
 Established Patient

Patient Name _____ Phone _____
Street _____ Cell _____
City _____ State _____ Zip _____ Age _____ Birthdate _____
Marital Status Single Married Widowed Divorced Other
Employer _____ Work Phone _____
Street _____ City _____ State _____ Zip _____
Occupation _____ Patient SSN _____
Referred By _____

Spouse/Significant Other _____ Phone _____
Street _____ City _____ State _____ Zip _____
Occupation _____ Birthdate _____

Emergency Contact _____ Phone _____
Street _____ City _____ State _____ Zip _____
Relationship _____ Birthdate _____

Primary Insurance _____ Patient Driver's License _____
Member/Cert Number _____ Group Number _____ Insured SSN _____
Subscriber/Insured _____ Subscriber Birthdate _____
Deductible _____ Specialists Co-Pay _____

Secondary Insurance _____ Driver's License _____
Member/Cert Number _____ Group Number _____ Insured SSN _____
Deductible _____ Specialists Co-Pay _____

Guarantor _____ Guarantor Phone _____

Assignment of Benefits

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicare, private insurance, and any other health plans to Perri L. Wittgrove, M.D., and/or Elise S. Brown, M.D. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by insurance. All court fees, attorney's fees, collection agency or other fees necessary to collect this account are payable by me. I hereby authorize said assignee to release all information necessary to secure the payment.

Signature _____ Date _____