Surgical Associates of North Texas

Patient Profile

Date: _____ PLEASE PRINT ON FORM

Patient Information:

Race_____ Language_____ Please circle one regarding Ethnicity: Hispanic or Latino, Non-Hispanic or Latino, Other or Undetermined

Name_____ Sex: ( ) M ( ) F Date of Birth _____/_____/_____

Address_____ City_____State_____Zip _____

Home Phone_____ Mobile Phone_____E-Mail Address_____

Social Security # _____ Marital Status: ( ) Married ( ) Single ( ) Other

Referring Physician _____ **Primary Physician** _____

How did you hear about us: □ Doctor □ Friend □ Internet □ Facebook □ Other_____

Patient Employer

Employer_____ Work Phone _____

Spouse's Employer

Spouse's Name_____ Employer_____Date of Birth____/____/_____

Address_____ Work Phone_____

Responsible Party (If different from patient)

( ) Patient ( ) Spouse ( ) Parent

Name_____ Date of Birth_____/_____/_____ Social Security #_____

Address_____ City_____ State_____ Zip_____

Home Phone_____ Mobile Phone _____

Employer _____ Work Phone_____

Primary Insurance

Insurance Company_____ Insured Name_____

Home #_____ Insured Employer_____ Work #_____

Insured Social Security #_____ Insured ID #_____ Date of Birth ____/____/_____

Secondary Insurance

Insurance Company_____ Insured Name_____

Home #_____ Insured Employer_____ Work #_____

Insured Social Security #_____ Insured ID #_____ Date of Birth ____/____/____

With Whom May We Discuss Your Personal Health Information?

Name_____ Phone # _____ Relationship_____

Assignment and Release

I, the undersigned, certify that I (or my dependent) have insurance coverage with _____ and assign directly to Surgical Associates of North Texas all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid for by insurance. I hereby authorize the doctor(s) to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

_____ _____ _____

Responsible Party Signature Relationship Date