

PHARMACY _____

PHARMACY PHONE _____

DEAN R. CARPENTER, M.D.

DATE _____

ACCOUNT NUMBER _____

PATIENT'S NAME _____ **DRIVER'S LICENSE#** _____

ADDRESS _____ Apt# _____ City _____ State _____ Zip _____

HOME PHONE () _____ CELL PHONE () _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____ MARITAL STATUS: SINGLE/MARRIED/DIVORCED/WIDOW
(Circle One)

PATIENT'S EMPLOYER: _____ WORK # _____

PT. EMPLOYER'S ADDRESS: _____ OCCUPATION: _____

SPOUSE'S NAME: _____ BIRTHDATE _____ SPOUSE SOCIAL SECURITY # _____

SPOUSE'S EMPLOYER: _____ OCCUPATION: _____

SPOUSE'S EMPLOYER ADDRESS: _____ WORK # _____

NEAREST RELATIVE OTHER THAN SPOUSE/PARENT: _____

ADDRESS: _____ PHONE #: _____

NEAREST RELATIVE'S RELATIONSHIP: _____

IN CASE OF EMERGENCY-NAME: _____ PHONE #: _____

**CHARGES FOR OFFICE VISITS ARE TO BE PAID AT THE CONCLUSION OF EACH VISIT.
WE FILE AND ACCEPT PRIMARY INSURANCE ONLY.**

We do not file insurance on office visits, with the exception of MEDICARE and ACCEPTED INSURANCE PLANS. However, we will file insurance for deliveries and surgeries. It is your responsibility to pay any deductible, co-insurance or other balance not paid by your primary insurance company.

IF APPLICABLE: I authorize payment of medical and/or surgical benefits to my physician and this assignment will remain in effect until revoked by me in writing. A copy of this assignment is to be considered valid. I hereby authorize said assignee to release information necessary to secure such payment(s). I understand I am financially responsible for all charges.

DATE _____ PATIENT'S SIGNATURE _____

NAME OF MEDICAL INSURANCE (PRIMARY): _____

POLICY NUMBER: _____ GROUP NAME & NUMBER: _____

NAME OF INSURED: _____ BIRTHDAY _____ SOC SEC # _____

REFERRED BY: _____

NOTICE OF PRIVACY PRACTICES

I have been given the opportunity to read the Notice of Privacy Practices describing how medical information about me may be used and disclosed and how I can get access to the information.

Signature _____

This notice takes effect on _____ And remains in effect until replaced.

The information contained in this document is privileged and confidential. It includes patient information that is protected by state and federal laws. Storing or transmitting this information in an unsecured electronic format could result in a breach of information.