



Name Change
 Update
 New Ins.
 New Patient

SEARCY MEDICAL CENTER
PATIENT INFORMATION FORM

Acct # _____
 Cht # _____
 Mic # _____

PATIENT INFORMATION (PLEASE PRINT)

Name _____ Sex: M F Status: S M W D
LAST FIRST MI
 Address _____ DOB _____ Age _____
 City/State/Zip _____ SS# _____
 Patient Employer _____ Previous/Maiden Name _____
 Home Phone# _____ Work Phone _____ Cell Phone _____

SPOUSE INFORMATION

Name _____ DOB ____/____/____ SS# _____
 Employer Name _____ Work Phone _____ Cell Phone _____

FATHER'S INFORMATION (IF MINOR)	
Name _____	SS# _____
Address/City/State/Zip _____	
DOB _____	Home Phone _____ Cell Phone _____
Employer Name _____	Work Phone _____
MOTHER'S INFORMATION (IF MINOR)	
Name _____	SS# _____
Address/City/State/Zip _____	
DOB _____	Home Phone _____ Cell Phone _____
Employer Name _____	Work Phone _____

INSURANCE INFORMATION

Primary Insurance Co. _____ Eff Date _____
 Address/City/State/Zip _____ ID# _____
 Insured Name _____ Insured DOB: ____/____/____ Group _____
Secondary Insurance Co. _____ Eff Date _____
 Address/City/State/Zip _____ ID# _____
 Insured Name _____ Insured DOB: ____/____/____ Group _____
Additional Contact (Someone not in your Household) _____
 Name _____ Phone # _____ Relationship _____

RELEASE OF INFORMATION/ASSIGNMENT OF BENEFITS (MUST READ, SIGN, AND DATE)

I authorize the release of any medical information necessary to process my insurance claim(s). This release also includes CMS (Centers for Medicare and Medicaid Services). I authorize and request payment of medical benefits directly to my physicians. I agree that this authorization will cover all medical services rendered until such authorization is revoked by me. I agree that a photocopy of this form may be used in place of the original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I understand I am financially responsible for all charges not covered by Medicaid.

Signed _____ Date _____

PAYMENT IS DUE AT THE TIME OF SERVICE UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE