WELCOME TO OUR OFFICE

PLEASE COMPLETE ALL SECTIONS OF THIS INFORMATION FORM

NAME: _____ DOB:_____ S.S.#_____

RACE: ☐ ASIAN ☐ BLACK/AFRICAN AMERICAN ☐ CAUCASIAN ☐ AMERICAN INDIAN ☐ HISPANIC/ LATINO ☐ OTHER RACE	ETHNICITY: ☐ HISPANIC/ LATINO ☐ REFUSE ☐ OTHER

ARE YOU A TEMPORARY OR PERMANENT RESIDENT OF A REHAB/NURSING OR ASSISTED LIVING FACILITY? ☐ Y ☐ N

LOCAL ADDRESS: _____

CITY/STATE: _____ ZIP: _____

NORTHERN ADDRESS:_____

CITY/STATE:_____ ZIP:_____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

REFERRING PHYSICIAN: _____ EMPLOYER:_____

PRIMARY PHYSICIAN: _____

Do we have permission to leave appointment information on your home answering machine/voicemail/cell phone: ☐ Y ☐ N

PERSON RESPONSIBLE FOR PAYMENT IF OTHER THAN ABOVE

NAME:_____ HOME PHONE:_____ WORK PHONE:_____

INSURANCE INFORMATION

IS THE INSURANCE THRU YOUR EMPLOYER OR YOUR SPOUSE'S EMPLOYER? ☐ SELF ☐ SPOUSE

IF SPOUSE: NAME:_____

DATE OF BIRTH:_____ SOCIAL SECURITY#:_____

EMPLOYER:_____

IS THIS CLAIM RELATED TO A WORKER'S COMP OR AUTO ACCIDENT? ☐ Y ☐ N DATE_____

IS THERE A POSSIBILITY YOU MAY BE PREGNANT? ☐ Y ☐ N

HOW DO YOU WISH TO PAY TODAY? CREDIT CARD____CHECK____CASH____

I understand and agree, regardless of my insurance status, all deductible and co-payment charges are due at time of service. I further understand that my insurance may not pay for all my health care costs, insurance only pays for covered items and services when their guidelines are met, and insurance may not pay for a particular item or service even though my doctor recommends that I have this done. I am financially responsible for my bill, and any non-covered charges. I have read all the information on this form and have completed the above information as true and correct. If necessary, I authorize RAVE to request office notes from my ordering physician and the release of any medical information needed for my medical care or other information as needed to process the claim.

HOW DID YOU HEAR ABOUT US (CHECK ALL THAT APPLY):

☐ Your doctor ☐ Friend ☐ Walk in ☐ Radio ☐ Newspaper ☐ Billboard
☐ Yellow pages ☐ Other

Please provide your EMAIL address:_____@_____

SIGNATURE:_____ DATE: _____