



PATIENT INFORMATION **Gender:** ___ M ___ F **SSN:** _____

Name: _____ **DOB:** _____

Last First Middle

Address: _____

Street (Apt) City State Zip

Home phone:(_____) **Work:**(_____) **Cell:**(_____)

Email address: _____

Race: (check only one)

- ___ American Indian or Alaska Native
- ___ Asian
- ___ Black or African American
- ___ Native Hawaiian or other Pacific Islander
- ___ White
- ___ Other race or more than one race
- ___ Refuse to report

Ethnicity: (check only one)

- ___ Hispanic or Latino
- ___ Not Hispanic or Latino
- ___ Refuse to report

(Our government mandates that we report this information. We do not in any way discriminate.)

GUARANTOR INFORMATION **Gender:** ___ M ___ F **SSN:** _____

(Responsible Party if other than self) **Relationship to patient:** _____

Name: _____ **DOB:** _____

Last First Middle

Address: _____

Street (Apt) City State Zip

Home phone:(_____) **Work:**(_____) **Cell:**(_____)

Emergency Contact: _____ **Phone:**(_____)

PRIMARY INSURANCE **Company:** _____

Subscriber: _____ **Subscriber's DOB:** _____

Gender: ___ M ___ F **Patient's Relationship to Subscriber:** _____

SECONDARY INSURANCE **Company:** _____

Subscriber: _____ **Subscriber's DOB:** _____

Gender: ___ M ___ F **Patient's Relationship to Subscriber:** _____

CONSENT FOR TREATMENT

I authorize Auburn Pediatric and Adult Medicine, L.L.C., and its healthcare providers to provide the treatment(s) deemed necessary for me/my dependent, and to release information related to my visit to any private or government agency providing benefits as needed for the provision of medical care.

INSURANCE ASSIGNMENT

I hereby assign to and authorize payment to Auburn Pediatric and Adult Medicine, L.L.C., and/or its healthcare providers, all benefits payable under the terms of my insurance policy(ies). I have been given the Financial Policy of Auburn Pediatric and Adult Medicine, and understand that I am responsible for paying the amount charged for my care minus the amount paid by my insurance.

SIGNED: _____ **DATE:** _____