

PATIENT INFORMATION CONFIDENTIAL

Name: _____ Male: _____ Female: _____
 First Middle Initial Last

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: ____/____/____ Email: _____

Primary #: _____ Secondary#: _____ SS#: _____

Are You: ___ Minor ___ Married ___ Divorced ___ Widowed ___ Single ___ Separated

Your Employer: _____ Occupation: _____

Emergency Contact Name: _____ Emergency Phone Number: _____

RESPONSIBLE PARTY

Person responsible for this account: _____ Relationship to patient: _____

Phone Number: _____ Birthdate: ____/____/____ Male: _____ Female: _____

Address: _____ City: _____ State: _____ Zip: _____

I authorize the release of medical information necessary for the payment or processing of services and materials provided by my practitioner. I authorize payment of medical benefits to Dr. Goodman-Thomas. **IN THE EVENT MY ACCOUNT IS SENT TO AN ATTORNEY FOR COLLECTION. I HEREBY AGREE TO PAY ALL COSTS AND REASONABLE ATTORNEY FEES ASSOCIATED WITH THE COLLECTION OF MY ACCOUNT.**

SIGNED: _____ DATE: _____

PATIENT INFORMATION CONFIDENTIAL

Name: _____ Male: _____ Female: _____
 First Middle Initial Last

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: ____/____/____ Email: _____

Primary #: _____ Secondary#: _____ SS#: _____

Are You: ___ Minor ___ Married ___ Divorced ___ Widowed ___ Single ___ Separated

Your Employer: _____ Occupation: _____

Emergency Contact Name: _____ Emergency Phone Number: _____

RESPONSIBLE PARTY

Person responsible for this account: _____ Relationship to patient: _____

Phone Number: _____ Birthdate: ____/____/____ Male: _____ Female: _____

Address: _____ City: _____ State: _____ Zip: _____

I authorize the release of medical information necessary for the payment or processing of services and materials provided by my practitioner. I authorize payment of medical benefits to Dr. Goodman-Thomas. **IN THE EVENT MY ACCOUNT IS SENT TO AN ATTORNEY FOR COLLECTION. I HEREBY AGREE TO PAY ALL COSTS AND REASONABLE ATTORNEY FEES ASSOCIATED WITH THE COLLECTION OF MY ACCOUNT.**

SIGNED: _____ DATE: _____