

Prefix _____ Mr. Mrs. Miss Ms. Dr. Preferred Name: _____

Patient's Name

First _____ Middle _____ Last _____

Address

Street & Apt # _____ City _____ State _____ Zip _____

SS# _____ Birthdate _____ Age: _____ Sex: Female MaleMarital Status Single Married to: _____ Other: _____

Home Phone _____ Cell Phone _____ Other Phone _____

Preferred Contact: Home Work CellAny restrictions for contacting you? No Yes If yes, please describe _____Can we leave routine test results message for you at your preferred phone contact? Yes NoWork Phone _____ Ext: _____ Is it okay to call you at work? Yes No

Emergency Contact: _____ Relationship to Patient: _____ Phone#: _____

Patient's Employer _____ Occupation _____

Ethnicity: Hispanic Non-Hispanic Language: _____Race: African-American Asian American Indian/Native Alaskan Native Hawaiian or Other Pacific Islander WhiteHow did you hear about us? Friend Insurance Internet Other Details: _____

Referring Dr.: _____

INSURANCE INFORMATION

Primary Ins. ID # _____ Group # _____

Insured: Name _____ DOB _____ SS# _____

Relationship to the insured? Self Child Spouse Other

Secondary Ins. ID # _____ Group # _____

Insured: Name _____ DOB _____ SS# _____

Relationship to the insured? Self Child Spouse Other**OTHER DOCTORS TREATING YOU**

Name/Specialty _____ Phone/Address _____

PRIVACY PRACTICES NOTICE & WRITTEN ACKNOWLEDGEMENT FORM*I have been offered a copy of **Marc Kress MD & Assoc.** Notice of Privacy Practices.*

Signature of Patient/Guardian: _____ Date: _____

AUTHORIZATION OF PAYMENT & RELEASE OF INFORMATION*I request payment of authorized insurance benefits be paid to **Marc Kress MD & Assoc.** and authorize release of medical information as needed to determine payable benefits for services rendered. I understand that I am financially responsible for all charges whether or not covered by insurance.*

Signature of Patient/Guardian: _____ Date: _____

Would you like to share your email with us? (We don't communicate with patients that way now, but may in the future.)

Email _____