Date: _____/_____/_______

Physicians Urgent Care
Emergency Physicians

PATIENT INFORMATION

Name: ____
First M.I. Last

Gender: ☐ Male ☐ Female DOB: _____/_____/_______ Age: _______

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed SS#: _________-___________-__________

Address: ____Apt #: _____________

City: ___________________________State: ______________Zip Code: ______________

Primary#: _____-_____-________ ☐ cell ☐ home ☐ other Secondary#: _____-_____-________ ☐ cell ☐ home ☐ other

PHARMACY INFORMATION

Name: ______________________________Location:___________________Phone: _____-_____-______

PAYMENT AND BILLING INFORMATION

At the end of each visit Physicians Urgent Care provides patients with an **estimate** of their portion of the bill. This **estimate** may consist of co-pays and/or deductible and/or co-insurance. Your estimated responsibility is due and collected at the time of service. A claim will be submitted to your insurance company. In the event your insurance company determines patient responsibility is different than the initial estimate, you may receive a statement for the remaining amount and you are responsible for payment.

INDICATE PREFERRED BILLING TYPE:

☐ INDIVIDUAL – Each Adult (18+) will receive their own statement.

☐ FAMILY – All family members' bills will be combined into one statement and sent to the designated responsible party.

PERSON RESPONSIBLE FOR PAYMENT:

☐ Same as Above

Send Statement To: ____DOB: _____/_____/______
First MI Last

Address: ____Apt #: _____________

City: ______________________ State: _________ Zip Code: ______________ Phone Number: ______-______-_______

INSURANCE POLICY HOLDER INFORMATION

Who Carries the Insurance Policy? ☐ Self ☐ Spouse ☐ Parent ☐ Other: _________________________

Policy Holder's Name: ____DOB: ______/_______/_________
First MI Last

SS#: ____________-____________-___________ Phone#: ___________-__________-____________

EMERGENCY CONTACT INFORMATION

Name: _____________________________Relationship: ________________Phone: ______-______-_______

HOW DID YOU HEAR ABOUT PHYSICIANS URGENT CARE?

☐ Word of Mouth ☐ Google ☐ Insurance Company ☐ Social Media ☐ Digital Popup Ad ☐Pharmacy_______________________

☐ Another Doctor_______________________________ ☐Other_______________________________________

Signature of Patient or Parent/Guardian: _________________________________ **Date**: ____/____/_____