

# Patient Information

Alex Keller, MD, FACS, pc

Diana Y. Schwartz, MD, PhD

Name (Last, First, MI)			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	Marital Status (S,M,W,D)
Address (street, city, state, zip code)			Social Security Number		Occupation	
Home Phone			Cell Phone		Work Phone	
Spouse	Name	Date of Birth	Social Security Number	Employer and address		
	Occupation	Work phone				
Who referred you to this practice?				E-mail address		
In case of emergency, contact:					Phone:	
<b>If patient is a minor:</b>						
Father	Name		Address			
	Social Security Number		Date of Birth			
	Occupation		Employer and address			
	Work Phone					
Mother	Name		Address			
	Social Security Number		Date of Birth			
	Occupation		Employer and address			
	Work Phone					
Primary Care Physician	Name		Address			
	Phone					
<b>Insurance Info:</b>					Worker's compensation injury? <input type="checkbox"/> yes <input type="checkbox"/> no	
					"No Fault" automobile injury? <input type="checkbox"/> yes <input type="checkbox"/> no	
Primary	Carrier			Policy ID number		Phone
	Group name		Carrier's address			
	Group Number		Policy holder		Patient's relationship to policy holder	
Secondary	Carrier			Policy ID number		Phone
	Group name		Carrier's address			
	Group Number		Policy holder		Patient's relationship to policy holder	

In consideration of services rendered, or to be rendered, to the above named patient, I hereby authorize payment directly to Dr. Keller of any and all insurance benefits to which I may otherwise be entitled for services rendered, but not to exceed the provider's regular charges for such services. In the event the provider's charges are outstanding and I fail to file an application for benefits, I hereby authorize the provider to file such claim on my behalf so that the provider may realize payment of his charges. If the provider does not receive payment from the insurer, I understand that I am personally responsible for

the payment of the provider's charges. Balances more than 60 days overdue will be charged interest of 1.5% per month. Should it become necessary to use outside collections services to settle this account, customary and reasonable fees for such services shall be added to this outstanding balance. Customary fees are 30%-40% of the balance or attorney's fees. I give consent for publication, internet display, and presentation of photographs.

10/08

\_\_\_\_\_  
Responsible party signature

\_\_\_\_\_  
Date