

TRICITY RHEUMATOLOGY
Welcome to Our Office (Please Print)!!!!!!

Date: _____
Last Name: _____ First _____ M _____

Sex: M F Single Married Widowed Divorced

Address: _____

City: _____ Zip Code: _____ - _____

Birth Date: _____ Social Security # _____ - _____ - _____

Home Phone: (____) _____ Pharmacy Name: _____ Phone# _____

Cell Phone: (____) _____ Work #(____) _____

Race: Circle One : A Asian, B Black, C Caucasian, E Other race, P Pacific islander, 7 Declined

Ethnicity : H Hispanic, N Non-Hispanic, 7 Declined

Language: English, Hindi, Mandarin, Spanish, Tagalog, Urdu, or Other _____

Primary Care Physician: _____ Phone #: _____

Address _____

Employer _____ Address: _____

Primary Insurance Id# _____

(If you are covered under other then yourself , please fill out following information)

Spouse Child Other

Last Name: _____ First _____ M _____ Sex: M F

Address: _____

City: _____ Zip Code: _____

Birth Date: _____ Social Security # _____ - _____ - _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Race: _____ Language: _____

Emergency contact _____ * Relationship _____ * Phone # _____

Please have your insurance card(s) ready to be photocopied.

I, the undersigned, certify that I (or my dependent) have insurance coverage with _____ and assign directly to Tricity Rheumatology. all insurance benefits, if any, otherwise payable to me for services rendered. I understand and acknowledge that I am financially responsible for all charges and/or legal fees incurred. I herby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature for all insurance submissions.

I am also aware that if I am required to have a referral for services and if one is not obtained by me, I will be responsible for all charges related to services by me.

_____/_____/_____
Signature of Responsible Party _____ Date

Print name if Responsible party and Relationship to patient _____

Please indicate preferred method of payment: Cash _____ Check _____ Other _____

If check, please list driver's license number _____