

Patient Information

Patient's Name

Last _____ First _____ Middle _____

Date of Birth _____ Age _____ Sex: _____ Email: _____

Home Address: Street _____ State _____ Zip _____

Home Phone: _____ Cell: _____ Work: _____

Which is best way to reach you? _____

Occupation: _____ Employer: _____

Primary Physician: _____ Referring Physician: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Insurance Information

Primary Insurance

1) Company: _____ Policy/ID # _____ Group Number: _____
Policy Holder's Name: _____ DOB: _____ Relationship _____
Employer's Name: _____

Secondary Insurance

2) Company: _____ Policy ID# _____ Group Number : _____
Policy Holder's Name: _____ DOB: _____ Relationship: _____
Employer's Name: _____

PLEASE HAVE INSURANCE CARDS AND PICTURE ID AVAILABLE TO PHOTOCOPY

How did you hear about Minnesota Vein Center?

- Physician Referral
- Family/Friend
- Newspaper
- MyTalk 107.1/ Love 105
- Insurance
- Internet Search
- Phonebook
- Other _____

RECORDS RELEASE: I hereby authorize the release of any information, including medical and billing information to my insurance company, and other providers involved in my care.

ASSIGNMENT OF BENEFITS: I hereby authorize payment of medical benefits to *Minnesota Vein Center, P.A.* for services rendered to myself and/or dependents.

MEDICARE AUTHORIZATION: I request that payment of authorized Medicare benefits be made to me on my behalf to Minnesota Vein Center, P.A. for any services furnished me by the physician/clinic/supervisor. I authorized any holder or hospital or medical information about me to permit a copy of this authorization to be used in place of the original.

Payment Policy Statement

Payment at time of service is requested unless you are insured by a PPO, Medicare, or an approved insurance carrier that will bill directly, or other arrangements have been made. All deductibles, co-payments and services not covered by your plan are your responsibility. Minnesota Vein Center accepts cash, check, Visa, MasterCard, Discover and Health Savings Accounts.

Signature: _____

Date: _____