

Surgery of London

Donald E. Hura, M.D.

Patient Information Sheet

Patient Last Name: _____

Home Phone: _____

Patient First Name: _____

Work Phone: _____

Address: _____

Cell Phone: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: M ___ F ___

Social Security #: _____

Family Medical Doctor: _____

Who referred you here? _____

Date of injury or onset of illness? _____

Email Address: _____

(Required by insurance)

Patient Employer: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Spouse/Parent Information

Name: _____ Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ SS#: _____ D.O.B _____

Insurance Information PLEASE PRESENT YOUR INSURANCE CARD AND COPAY AT THE TIME OF SERVICE

Primary Insurance Name: _____

Policy Holder: Self ___ Spouse ___ Other ___ Plan through work? Y N

Secondary Insurance Name: _____

Policy Holder: Self ___ Spouse ___ Other ___ Plan through work? Y N

I hereby request Donald E. Hura, M.D. to provide medical care for myself/my family member. I authorize the release of my insurance carrier regarding diagnosis and treatment, and authorize my insurance my insurance carrier to pay claims directly to Surgery of London. I agree to pay Surgery of London in full for services rendered.

PLEASE READ AND INITIAL THESE STATEMENTS:

I understand that I am responsible for any unpaid balances. _____

To my knowledge the insurance information listed above is current and correct. _____

I agree to pay all co-pays required for services rendered. _____

I understand that if my insurance requires a referral, it has been done. If not, I will be financially responsible for any unpaid balances due to a referral not being obtained. _____

Legal Signature

Date

Due to new HIPPA Privacy Rules, please designate below person(s) you authorize to communicate information regarding your care.

Name Relationship Phone

Name Relationship Phone

Do you authorize medical and scheduling information to be left on your answering machine, voicemail and with family members? Y N

