Paris Surgical Specialists, P.L.L.C

PATIENT INFORMATION *(Please Print)*

Patient Name: ______________________ **Date of Birth:** __________ **Gender:** *Male* ☐ *Female* ☐

Mailing Address: ____
City *State* *ZIP*

Email: ______________ **Phone:** ______________ **Cell:** ______________ **SS#:** ______________

Marital Status: *Married* ☐ *Single* ☐ **Employer:** ______________ **Occupation:** ______________

Spouse Name: ______________ **Spouse Employer:** ______________

Spouse SS#: ______________ **Spouse Date of Birth:** ______________

Primary Care Physician: ______________ **Referring Physician:** ______________

Pharmacy: ____

EMERGENCY CONTACT *(A different phone number from your own)*

Name: ______________ **Phone:** ______________ **Relationship To Patient:** ______________

MINOR CHILDREN

Person Responsible For The Account: ____

Address: ____

Phone: ______________ **Employer:** ______________ **Employer Phone:** ______________

Social Security #: ______________ **Date of Birth:** ______________

INSURANCE

Primary Insurance: ______________ **Policyholder Name:** ______________

Relationship To Patient: ______________ **Policyholder Date of Birth:** ______________

Policyholder SS#: ______________ **Policyholder Employer:** ______________

Secondary Insurance: ______________ **Policyholder Name:** ______________

Relationship To Patient: ______________ **Policyholder Date of Birth:** ______________

Policyholder SS#: ______________ **Policyholder Employer:** ______________

In order to comply with the Health Insurance Portability and Accountability Act, Paris Surgical Specialists, P.L.L.C. has a written Notice of Privacy Practices stating how a patient's Protected Health Information may be used to carry out treatment, payment, and healthcare operations. I understand that this Notice will be made available to me by request and can also be viewed in the clinic lobby.

By signing below, I certify that the above information is complete and accurate to the best of my knowledge.

Signature: ____ **Date:** ______________

WTP-733 -R