

## PATIENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Sex:     Male     Female                      Marital Status:     Married     Single     Divorced  
E-mail: \_\_\_\_\_                       I would like to receive correspondences via email.  
How did you hear about us?: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Spouse or Parent: \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Person responsible for payment of this account (if someone other than the patient):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

## TERMS AND CONDITIONS

**In the event of a broken appointment, or cancelled appointment with less than 48 hours notice, a fee may be applied to your account.**

I understand payment or co-payment (insurance patients) is due and payable in full at each appointment visit. In the event that this account becomes past due, the doctors, their assigns, or lawful agents may immediately consider the account in default and pursue collection procedures. If my account is past due I agree to pay 1.5% interest per month (18% annum) on the unpaid balance from the date due, in addition to collection costs. Collection costs may include, but are not limited to court filing fees, service or processing costs, and reasonable attorney fees of 30% of unpaid principal, or \$50.00, whichever is greater. Any returned check will be charged a processing fee of \$25.00. **All appointments one hour or longer will require a 25% deposit to reserve the appointment time.**

I grant my permission to you or your assignees to telephone me at home or at work to discuss matters related to this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_