Northwest Florida ENT

850-438-8000
Fax: 561-848-8001

www.audiology.pro eardoc@audiology.pro 123 N. Carson Street - Pensacola, Fl 32502

Smith

Patient Information Form

Last Name Smith First Name Robert MI L.

Birth Date 3/2/1943 Sex M Home Phone # (333) 444-5555 Other (918) 599-7352

Social Security # 222-33-2234 Social Security # of Guardian (if minor) _____

Mailing Address (Street) 4506 45th WY

City Mangonia Park State FL Zip Code 33407

Employed By _____

Wife's Name Lisa Work Phone # _____

Nearest Relative not living with you _____ Phone # _____

Whom may we contact in case of an emergency? _____ Phone # _____

Whom may we thank for referring you to our office? _____

Primary Ins. AARP UnitedHealthcare Insurance Co. Insurance ID# 78547475

Name of Policy Holder _____ Policy holders date of birth _____

Secondary Ins. Alaska Pipe Trades Local 375 Insurance ID# 346344347

Who is financially responsible for this visit? _____ Phone # _____

I will pay today by Cash _____ Check _____ Credit Card _____ Other # _____

I authorize Northwest Florida ENT to release information requested with regard to processing my claims.

I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information on this sheet, and certify that this information is correct to the best of my knowledge. I will notify Northwest Florida ENT of any changes in my health status or in the above information.

Signature _____ Date _____

Parent Signature if Minor _____ Date _____