



EAST IDAHO EAR NOSE & THROAT

PATIENT INFORMATION

How did you hear about us (referring doctor)?: _____

Who is your Primary Care Provider? _____

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Age: _____ Social Security #: _____

Sex: Male Female Marital Status: Single Married Divorced Widowed

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Race: White Hispanic African American Asian Other: _____

Ethnicity: _____ Preferred Language: _____

Mailing Address: _____

Street

City

State

Zip

E-mail address: _____ Preferred Pharmacy: _____

Employer: _____ Occupation: _____

Spouse/**Guardian** (if applicable): _____ Phone: _____

Emergency Contact: _____ Phone: _____

Patient's Relationship with Contact: _____

INSURANCE INFORMATION

PRIMARY Insurance Company: _____ Group No: _____

Address: _____ Phone: _____

Name of Policy Holder: _____ Policy No: _____

Policy Holder's SSN: _____ Policy Holder's DOB: _____

Patient's Relationship to Policy Holder: _____

SECONDARY Insurance Co: _____ Policy No: _____

INFORMATION RELEASE

I hereby authorize Dr. Richard G. Lee to release any information acquired in the course of my examination or treatment to the Insurance carriers. hereby authorize any physician, hospital, or medical care facility to provide all information on my medical history and treatment to Dr. Richard G. Lee.

I acknowledge that I have received and/or read a copy of the HIPPA Policy and agree to its terms.

I AUTHORIZE DR. RICHARD G. LEE TO RECEIVE ASSIGNMENT OF INSURANCE PAYMENTS. I UNDERSTAND THAT REGARDLESS OF INSURANCE COVERAGE I AM RESPONSIBLE FOR ALL NON COVERED CHARGES AS WELL AS APPLICABLE COPAYMENTS, DEDUCTIBLES AND COINSURANCE. I further authorize the doctor's office to make photocopies of this authorization and assignment, in order for them to attach a copy to any insurance form and to be able to retain the original copy in the doctor's files and authorize the insurance company to accept the photocopy. I release Dr. Richard G. Lee from all legal responsibility or liability that may arise from this authorization. This authorization shall continue and be in force and effect until revoked in writing by me, the responsible party.

RESPONSIBLE PARTY'S SIGNATURE

DATE