

PATIENT DEMOGRAPHICS SHEET

PATIENT INFORMATION

Patient Name: _____ Birthdate ____ / ____ / ____ Male Female
Address _____
Mailing address _____ City _____ State _____ Zip Code _____
Phone (H) _____ (W) _____ (C) _____
Email address _____ Marital Status S M D W
Employment F/T P/T Student Unemployed Retired SS# _____ - _____ - _____
Referring Physician _____

RESPONSIBLE PARTY

Name _____
Last First Middle
Address: _____
Mailing Address _____
City State Zip Code
Phone (H) _____ (W) _____ (C) _____
Employer _____
Address _____
Mailing Address _____
City State Zip Code
SS# _____ - _____ - _____ Male Female

EMERGENCY CONTACT(S)

Name _____
Phone (H) _____
(W) _____
(C) _____
Relationship _____
Name _____
Phone (H) _____
(W) _____
(C) _____
Relationship _____

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION TO INSURANCE COMPANY

I hereby authorize Hugo Higa, M.D., LLC or its representative to release to my insurance company or representative any information, including the diagnosis and the records of any treatment or examination rendered to me during the period of such medical or surgical care. I hereby assign all medical and/or surgical benefits to which I am entitled, including Medicare, private insurance, and any other health plan to the Hugo Higa, M.D., LLC. The assignment will remain in effect unless revoked by me in writing. A photocopy of this assignment will be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I understand that I will be assessed a \$15.00 charge for each check returned due to insufficient funds. I further understand that a 1% finance charge (12% annually) may be added to any balance over 90 days. On the event of default, I (we) promise to pay legal interest of the indebtedness, together with such collection costs and reasonable attorney fees as may be required to affect the collection of this note. I hereby authorize said assignee to release all information necessary to secure payment.

Name

Date