

1505 Daphne Avenue
Daphne, AL 36526

Acct #



Telephone: (251) 625-2663
FAX (251) 625-3198

Patient's First Name		Patient's Last Name			MI	Preferred Name	
Social Security Number	Date of Birth	Age	Cell Phone		Email Address		
Address (Street, Route, Apt. No., etc)				City	State	Zip Code	
Home Phone	Marital Status	Sex	Driver's License Number	Employed By			
Business Phone	Employer's Address			City	State	Zip Code	

Person Responsible For Paying Bill

Name		Address		City	State	Zip Code
Home Phone	Social Security Number	Date of Birth	Relationship to Patient			
Employed by			Business Phone			
Employer's Address			City	State	Zip Code	
Emergency Contact (Friend or relative not at Patient's address who can get a message to you.)					Daytime Phone	

Who referred you to us? (please circle) Physician _____ / Friend / Coach - Trainer / Other _____

Reason for today's visit _____ Describe injury _____

Is current condition related to Work MVA Accident Other

Date Problem Started _____ Date of Accident / Injury _____

Were you injured on the job () Yes () No If yes, give name of Insurance Company / Employer _____

Insurance Information

Primary Health Insurance Company _____

Policy # _____ Group # _____

Insured Name _____ Date of Birth _____

Secondary Health Insurance Company _____

Policy # _____ Group # _____

Insured Name _____ Date of Birth _____

List Any Person to Whom You Will Allow Access Of Your Medical Records

Name _____ Relationship to Patient _____

Signature _____ Date _____

Authorization to Release Information: I authorize Baldwin Bone and Joint, PC to release to the insurers herein specified, or to any other agency concerned with the payment of my charges, any and all information (including copies of records) relating to the services rendered.

Signature _____ Date _____

Assignment of Benefits: I authorize and direct my insurance company to pay Baldwin Bone and Joint, PC directly for my services. In the event of default of payment, I agree that I am responsible for all outstanding charges and any additional charges incurred in the collection of my account, including, but not limited to collection agency fees, a reasonable attorney fee, court cost and discovery cost.

Signature _____ Date _____