

Acct #: _____

Current Patient Information Update 2021

Date: _____

Patient Information

Patient Name: _____

DOB: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____ (Required for reminder texts)

Email: _____

Marital Status: ___ Married ___ Single ___ Divorced ___ Widowed ___ Partnered ___ Other: _____

Preferred Pharmacy: _____ Location: _____ Phone Number: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Primary Insurance Information

Carrier: _____ ID#: _____ Group#: _____

Claims Address: _____

Policyholder Information if other than self

Name: _____ DOB: _____

Address (If different): _____

Financial Responsibility

As a courtesy, Rocky Run Family Medicine sends claims to primary, and in many cases, secondary insurances. We do **NOT** send claims to automobile insurances for motor vehicle accidents. For a workers' compensation visit, you must provide us with your company information so the office visit does **NOT** get billed to your insurance.

It has been our policy since 2006 that additional fees apply to missed appointments, as well as cancelled/changed appointments if not cancelled/changed more than one business day in advanced (i.e. same time as appointment on prior business day).

It is fraud to misrepresent or misinform us of your insurance policy or information.

I certify that all the above information is correct and up to date. _____

I understand that copays, coinsurances, deductibles, and denied charges are my responsibility. _____

I understand the policy for missing, cancelling, changing, and being late to appointments. _____

Patient/Guardian Name: _____

Signature: _____