

Current Patient Information Updates**Patient Information**

Patient Name: _____ Date: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____)____-____ Cell Phone: (____)____-____ **(for reminder texts)**

Work Phone: (____)____-____ Email: _____

Marital Status: Single Married Divorced Widowed Partnered Other: _____

Emergency Contact: _____ Phone: (____)____-____ Relation: _____

Preferred Pharmacy: _____ Location: _____ Phone: (____)____-____

Primary Insurance Information

Carrier: _____ Member ID#: _____ Group#: _____

Medical Claims Address (on back of card): _____

Policyholder Information (if other than Self):

Name of policyholder: _____

DOB: _____

Address **(if different)**: _____**Financial Responsibility**

As 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 visit does **NOT** get billed to your insurance. It is fraud to misrepresent or misinform us of your insurance policy or information.

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

Initial

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, canceling, changing, and being late to appointments.

Patient/Guardian Name: _____ Signature: _____