Castle Country Family Medicine
Patient Information
Please Print

FINANCIAL INFORMATION: PERSON RESPONSIBLE FOR ACCOUNT
Skip if the Patient is responsible.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Street Address (If different than above): _____

Home Phone: _____ Cell Phone: _____ Soc.Sec. #: _____

Relation to Patient: _____ Date of Birth: _____

PATIENT INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Soc.Sec. #: _____

Sex: M F Age: _____ Birth Date: _____ Marital Status: _____

Employer: _____ Employer Phone: _____ PT: _____ FT: _____

Are You a Student: Yes_____ No:_____ Full Time: _____ Part Time: _____

Preferred Phone Number : Home___ Cell___ Email Address: _____

Emergency Contact (Not living with you):

Name: _____ Phone: _____

Name: _____ Phone: _____

Race: ___American Indian or Alaska Native ___Asian ___Black or African American ___White

___Native Hawaiian or Other Pacific Islander ___Other Race ___Other Pacific Islander ___Hispanic/Latino

___Not Hispanic or Latino ___Unreported/Refused to Report

Ethnicity: ___Hispanic or Latino ___Not Hispanic or Latino ___Refused to Report

Preferred Language: English ___Indian ___Spanish ___Russian ___ Other: _____

INSURANCE INFORMATION

Name of Primary Insurance: _____

Subscriber Name (if different than the patient): _____

Mailing Address (if different than the patient): _____

Street Address (if different than the patient): _____

Relationship to Patient: _____ Date of Birth: _____

Employer: _____ Soc.Sec. #: _____

Name of Secondary Insurance: _____

Subscriber Name (if different than the patient): _____

Mailing Address (if different than the patient): _____

Street Address (if different than the patient): _____

Relationship to Patient: _____ Date of Birth: _____

Employer: _____ Soc.Sec. #: _____

PLEASE PROVIDE THE RECEPTIONIST YOUR INSURANCE CARD(S)

We will need to make a copy at each appointment to insure correct billing. Thank you!