

JACKSON PULMONARY CARE, P.A.

Patient's Name: First _____ Middle _____ Last _____ Age: _____ Sex: _____

S. S. # _____ Date of Birth: _____ Marital Status: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home _____ Cell : _____ Work : _____

Emergency Contact Name: _____ Phone _____

Employer Name / Address: _____

RESPONSIBLE PARTY INFORMATION (Complete only if patient is a minor)

Name: _____ S. S. # _____

Address: _____

City: _____ State: _____ Zip Code: _____ Sex: _____ Birthdate: _____

Telephone: Home _____ Work: _____

Employer Name / Address: _____

INSURANCE INFORMATION

1. Insurance Name _____ Insured Name: _____

ID # _____ Group / Policy # _____

2. Insurance Name _____ Insured Name: _____

ID # _____ Group / Policy # _____

Read the following release of information. Please sign and date below.

I agree to and authorize medical treatment as deemed necessary by Jackson Pulmonary Care, P.A. I hereby authorize Jackson Pulmonary Care, P.A. to furnish information concerning my treatment to insurance companies as deemed necessary, and I hereby irrevocably assign to Jackson Pulmonary Care, P.A. all insurance benefits payable to me by my insurance company, not to exceed charges shown. I understand that I am financially responsible for any amounts that are not covered by my insurance and this authorization. Jackson Pulmonary Care, P.A. cannot accept responsibility for collecting insurance claims or for negotiating a settlement on a disputed claim. I understand that I am responsible for my out of pocket expenses, court costs, and attorney fees.

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Jackson Pulmonary Care, P.A. for any services furnished me by that clinic. I authorize any holder of medical information about me to release to the Health Care Financing Administration its agents any information needed to determine these benefits or the benefits payable for related services.

Signed: *(Patient or Responsible Party)*

_____ Date: _____