

**IF WE DO NOT HAVE YOUR INFORMATION, OR IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE...**

**PATIENT INFORMATION**

|  |                                |
|--|--------------------------------|
| Your Name (Last, First, Middle Initial)        | Date of Birth                  |
| Address  |                                |
| City   | State                      Zip |
| Telephone<br>(       )                         |                                |
| Social Security #                              |                                |
| Employer's Name                                | Telephone<br>(       )         |
| Employer's Address                             |                                |
| City   | State                      Zip |
| Please Indicate if Applicable:                 |                                |
| <input type="checkbox"/> AUTO ACCIDENT         | Date of Injury                 |
| <input type="checkbox"/> WORKER'S COMPENSATION |                                |

**INSURANCE INFORMATION**

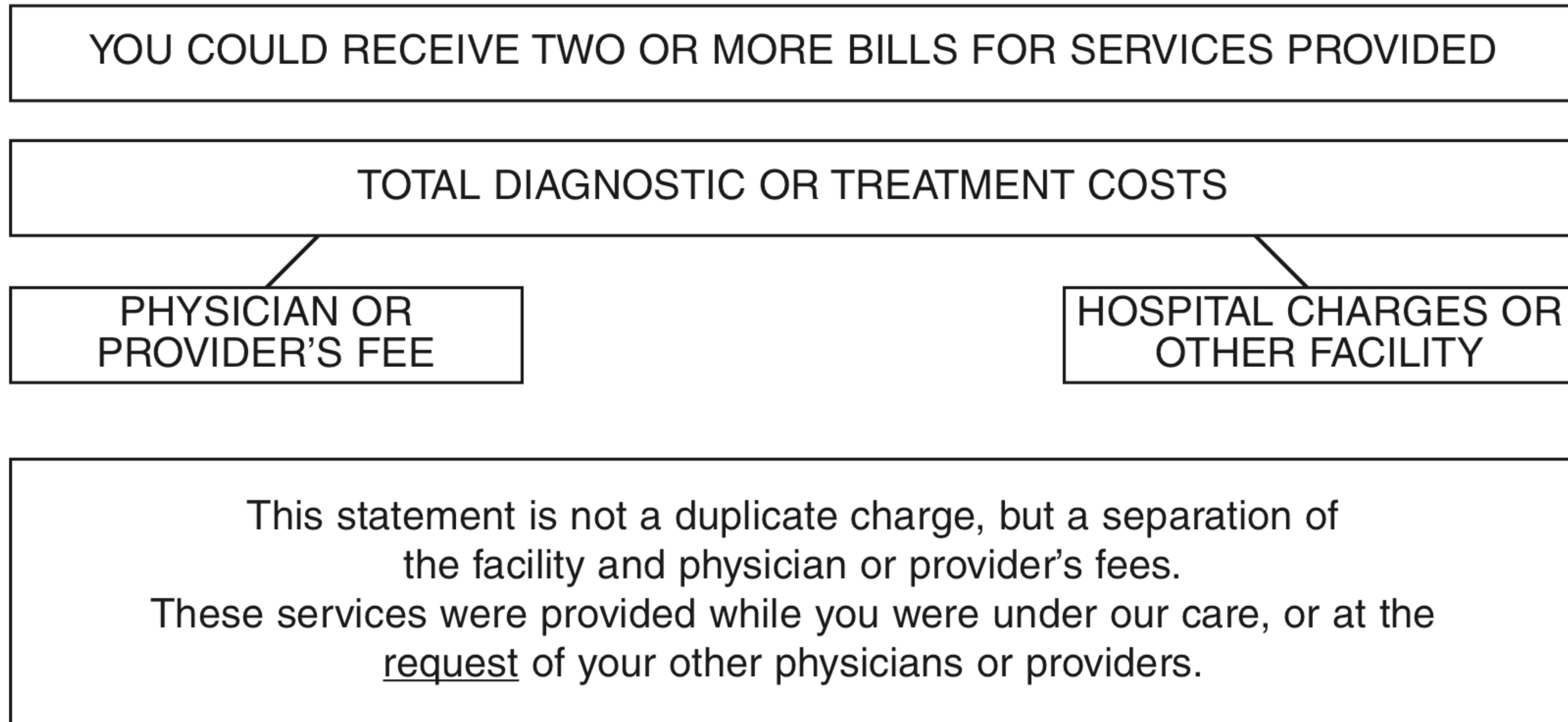
|  |                   |     |
|--|-------------------|-----|
| Your <b>PRIMARY</b> Insurance Company's Name   |                   |     |
| Primary Insurance Company's Address            |                   |     |
| City   | State             | Zip |
| Policyholder's ID Number                       | Group Plan Number |     |
| Your <b>SECONDARY</b> Insurance Company's Name |                   |     |
| Secondary Insurance Company's Address          |                   |     |
| City   | State             | Zip |
| Policyholder's ID Number                       | Group Plan Number |     |

**“DETACH HERE AND RETURN ABOVE STUB”**

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**FOR HOSPITAL OR OTHER FACILITY PATIENTS**

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Your bill from the facility may include a separate charge for use of its equipment, supplies, and technical personnel.

You may also receive bills from other physicians or providers who were involved with your care if you were a patient in a hospital or other facility.

If you have any questions concerning your bill, please call our office and we will be happy to assist you.

**IF YOU REQUIRE ASSISTANCE, YOU MAY CONTACT OUR OFFICE AT THE PHONE NUMBER ON THE REVERSE SIDE.**