OCH
Pulmonology and Sleep Center

Please Print Clearly Patient # _____ Date: _____

## Patient Information

Patient Name: (Last)_____ (First): _____ Middle Initial: _____

☐ Male ☐ Female DOB: _____Address: _____ Phone: _____Alt Phone: _____

City _____ State _____ Zip: _____ County: _____ Ref. Doctor: _____

SSN: _____ Marital Status: _____

Employment ☐ Full Time ☐ Part Time ☐ Self Employed ☐ Not Employed ☐ Retired/ Retire Date: _____

.

RESPONSIBLE PARTY: (IF OTHER THAN PATIENT AND/ OR IF PATIENT IS A MINOR, HE/ SHE WILL BE RESPONSIBLE FOR BILL If address is the same as patient, write SAME)

Name: (Last) (First) _____ (MI) _____ DOB: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Patient: _____

PRIMARY INSURANCE:

Carrier Name: _____ ID: _____ Group #: _____

Subscriber Name: (Last) (First) (MI)

☐ Male ☐ Female DOB: _____ SSN: _____ Relationship to Patient _____

Employer: _____ Employer Phone: _____

Employer Address: _____

City: State: Zip: _____

SECONDARY INSURANCE:

Carrier Name: _____ ID: _____ Group #: _____

Subscriber Name: (Last) (First) (MI)

☐ Male ☐ Female DOB: _____ SSN: _____ Relationship to Patient _____

Employer: _____ Employer Phone: _____

Employer Address: _____

City: State: Zip: _____

OCH Pulmonology and Sleep Center

I assign all insurance payments to OCH Pulmonology & Sleep Center. I understand that any unpaid portion of charges for treatment not paid by my insurance company is my responsibility. I understand that if my balance is not paid in a timely manner and the account is referred for outside collections, I am responsible for any processing fees and/or court costs.

Signature:_____ Date: _____

Name: (Last) _____ (First) _____ (DOB) _____-

EMERGENCY CONTACT: (please provide a phone # different from your own)

Name: (Last) _____ (First) _____ (MI) _____DOB: _____

Phone: ( ) _____Address: _____

Address:_____ City,State,Zip: _____ _____ _____

Relationship to Patient: _____ Preferred Pharmacy: _____

NOTE: This is the final page of the OCH Policy/Form. Next page contains revision history only.