	35 Ave Ste 8 Phoenix, AZ 85053 (602) 843-3788 Please Print
PATIENT INFORMATION:	DATE OF BIRTH/ AGE Male \Box Female \Box
ADDRESS	APT# Social Security # <u>Will Be Required</u>
CITY STATE 2	ZIP CODE HOME PHONE ()
CELL PHONE _()EM	AIL ADDRESS
EMPLOYER'S NAME	OCCUPATION
WORK ADDRESS	CITYSTATEZIP
WORK PHONE () EXT _	SPOUSE'S NAME CHILDREN#
MARITAL STATUS: SINGLE MARRIED WIDOWED HOW DID YOU HEAR ABOUT US?	
EMERGENCY CONTACT	PHONE
ADDRESS CITYSTATE EMPLOYER'S NAME WORK ADDRESS	DATE OF BIRTH MALE FEMALE APT# SSN <u>Will Be Required</u> ZIP CODE HOME PHONE ()
INSURANCE INFORMATION:	
INSURED'S SSN	
PRIMARY INSURANCE CO	ADDRESS
CITY STATE ZIP CODI	E PHONE # ()
POLICY NUMBER	GROUP NUMBER
SECONDARY INSURANCE? NO VES	
AUTHORIZATIONS: A. I hereby authorize release of any medical information necessary to process this claim and request payment of insurance benefits to the party who accepts assignment.	
B. I authorize payment of any medical benefit from third-parties for benefits submitted to be paid directly to this office. I authorize the direct payment to this office of any sum I now or hereafter owe this office by my attorney, out of proceeds of any settlement of my case and by any insurance company contractually obligated to make payment based upon the charges submitted for products and services rendered.	
C. I understand and agree that health and accident policies are an arrangement between an insurance company and myself. Furthermore, I understand that this office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to this office will be credited to my account upon receipt. However, I clearly understand and agree that all services rendered to me are charged products or professional services rendered will be immediately due and payable.	
D. I hereby certify that the above information is true and accurate. Please file the necessary insurance claim for any service rendered in my behalf.	
Patient / Guardian Signature	Date