

Patient Information Form

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

Patient Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Beeper/Cellular: _____

Birthdate: _____ Age: _____ E-mail: _____

Social Security: _____

Employment Information:

Patient Employer: _____ Occupation: _____

City: _____ State: _____ Zip: _____

Work phone No: _____ Ext. _____

In Case of Emergency:

Name: _____ Relationship: _____ Phone: _____

Patient's Spouse: _____ Phone: _____

Family Physician: _____ Phone: _____

Referred by: _____

In our Continuing effort to respect our privacy and maintain the confidentiality of your care, please indicate in the space below how you want to be contacted. (Phone / home / cell / work / e-mail please explain).

Financial Policy:

Thank you for selecting Dr. Benton Baker III for your health care needs. We are honored to be of service to you and your family. This is to inform you of our billing requirements and our financial policy. Please be advised that payment for all services will be due at the time services are rendered, unless prior arrangements have been made. For your convenience, we accept Visa, MasterCard and checks.

I agree that should this account be referred to an agency or an attorney for collection, I will be responsible for all collection costs, attorney's fees and court costs.

I have read and understand all of the above and have agreed to these statements.

Patient's Signature or Person with Authority to Consent for Patient Date