

Patient's Name: Last, First, Middle Initial		S.S. #	Marital Status M I S I D I W I Sep	Birth Date
Street Address		City, State, Zip	Preferred Phone	
Patient's Employer		Occupation	Alternate Phone	
Employer's Address		City, State, Zip	OK Leave Message <input type="checkbox"/> YES <input type="checkbox"/> NO	
Drug Allergies, If Any	Are you Diabetic?	Driver's License#	Email Address	
Spouse/Partner's Name: Last, First, Middle Initial		S.S. #	Birth Date	
Address if Different from Patient		City, State, Zip	Preferred Phone	
Spouse/Partner's Employer		Occupation	Alternate Phone	
Employer's Address		City, State, Zip	OK Leave Message <input type="checkbox"/> YES <input type="checkbox"/> NO	
In Case of Emergency, Notify		Relationship	Home Phone	
Referred By		Relationship	Home Phone	
Insured Name		Effective Date	Certificate/ Policy# Group#	
Name of Insurance Company		HMO <input type="checkbox"/> YES <input type="checkbox"/> NO	Subscriber #	
Insurance Address			City, State, Zip	
Referring Physician			Business Phone	
<p><b>AUTHORIZATION OF TREATMENT ASSIGNMENT OF BENEFITS RELEASE OF MEDICAL INFORMATION FINANCIAL RESPONSIBILITY</b></p> <p>I understand that I am financially responsible for charges incurred at the time of service or for any charges not covered by an approved contractual-provider insurance or insurance benefits. I am also responsible for any collection fees or legal costs incurred should costs be necessary because of non-payment. I hereby authorize the release of any medical records or other information necessary for the processing of insurance benefits of medical and/or surgical services rendered. I hereby authorize payment of benefits directly to Roxbury Surgery Center for the procedural, surgical and/or medical benefits if any, otherwise payable to me for their service.</p> <p>HMO patients please be aware you are financially responsible for all unauthorized services.</p> <p>I hereby authorize treatment by Roxbury Surgery Center.</p>				
Signature of Patient, Guarantor or Guardian			Date	
Signature of Surgeons			Date	