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North Central
 19026 Stone Oak Parkway, Suite 110
 San Antonio, Texas 78258
 Tel: (210) 545-0404

New Patient Information Record

Patient Code: _____

Date: _____

Patient Information

Last Name	First Name	M.I.	Social Security #
Street Address	City	State	Zip
Phone ()	Mb. Phone ()	Driver's License #	
Maiden Name	Date of Birth	Age	Sex
		Marital Status	[] Single [] Married [] Other
Employer	Employer Phone ()		
Emergency Contact	Emergency Phone ()		

Insurance Information

Primary Insurance Co.	Insurance #	Group #
Insured	Insured Addr.	
Phone	DOB	Sex
Insured Employer	Relation of Patient to Insured	
Secondary Insurance Co.	Insurance #	Group #
Insured	Insured Addr.	
Phone	DOB	Sex
Insured Employer	Relation of Patient to Insured	

Responsible Party (Fill out only if other than the patient)

Last Name	First Name	M.I.	Social Security #
Street Address	Zip	Phone ()	
City	State	DOB	Sex
Relationship	Employer	Work Phone ()	

Medical Information

Reason for Visit
Drug Allergies
List All Medicine Now Taking
Other Medical Problems
Previous Surgeries
Referred By
Pharmacy

PAYMENT POLICY:

All professional services rendered are charged to the patient. The patient is responsible for payment regardless of insurance coverage. Full payment is expected at time of each office visit unless arrangements have been made in advance. Billing information will be provided to expedite patient reimbursement from private insurance carriers.

AUTHORIZATION OF PAYMENT:

I hereby authorize the provider of services to release medical information concerning my examination and/or treatment for insurance purposes and to receive direct payment for medical benefits payable to me for services rendered.

Signed _____

GORDON NAU SMITH ROSENBLOOM BIEDIGER EDWARDS WEBB LANGFORD