

Golden Isles Partners In
Health, LLC
118 Northpark
Brunswick, GA 31520-2111

912-268-4994

PATIENT INFORMATION

NAME _____ SS# _____ RACE _____

DATE OF BIRTH (DOB) _____ EMAIL _____

HOME PHONE # _____ CELL PHONE # _____ WORK PHONE # _____

ADDRESS _____

MARITAL STATUS (CIRCLE): SINGLE MARRIED DIVORCED SEPARATED WIDOWED
SPOUSES NAME _____ SS# _____ DOB _____

HOW DO YOU PREFER TO BE CONTACTED? [] EMAIL [] PHONE CALL [] TEXT

PRACTICE DEPOSIT FOR NO SHOW- CREDIT CARD INFORMATION OF FINANCIALLY RESPONSIBLE

NAME ON CARD _____ CARD # _____

EXPIRATION DATE _____ SECURITY CODE - THIS IS LOCATED ON THE BACK OF THE CARD _____

FINANCIAL RESPONSIBILITY, IF OTHER THAN SELF

NAME _____ DOB _____ SS# _____

ADDRESS _____

HOME PHONE # _____ CELL PHONE # _____ WORK PHONE # _____

EMPLOYER _____ ADDRESS _____

RELATIONSHIP (CIRCLE): SPOUSE MOTHER FATHER OTHER _____

EMPLOYMENT INFORMATION

EMPLOYER NAME _____ TITLE _____ PHONE # _____

EMPLOYER ADDRESS _____

INSURANCE INFORMATION

PRIMARY INSURANCE NAME _____

POLICY # _____ GROUP # _____ SS # OF INSURED _____

INSURED NAME _____ RELATIONSHIP TO PATIENT _____

SECONDARY INSURANCE NAME _____

POLICY # _____ GROUP # _____ SS # OF INSURED _____

INSURED NAME _____ RELATIONSHIP TO PATIENT _____

EMERGENCY CONTACT

NAME OF EMERGENCY CONTACT _____ PHONE # _____

The above information is true to the best of my knowledge. I hereby authorize my insurance company(s) to pay directly to Partners In Health, LLC. I authorize release of information to any insurance company, hospital, or physician rendering treatment. I understand that I am financially responsible for any balance.

SIGNATURE OF PATIENT OR GUARDIAN IF PATIENT UNDER 18

DATE