

**Express Care of the Shoals**  
**PATIENT DEMOGRAPHICS**

WHEN REGISTERING, PLEASE PRESENT PROOF OF INSURANCE. ALL COPAYMENTS AND OUT OF POCKET PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE

PATIENT INFORMATION									
LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER		DATE OF BIRTH	SEX (assigned at birth)	MARITAL STATUS		
			-	-	/	/	M	F	S M W D
ADDRESS			CITY	STATE		ZIP	HOME PHONE ( ) -		
SPOUSE'S NAME			PREFERRED PHARMACY				CELL PHONE ( ) -		
PREFERRED METHOD OF COMMUNICATION: (circle one)			HOME PHONE	CELL PHONE		WORK PHONE ( ) -			
RACE: (circle one)    WHITE (CAUCASION)    BLACK (AFRICAN AMERICAN)    AMERICAN INDIAN    ASIAN    OTHER    I DECLINE									
PRIMARY LANGUAGE:    ENGLISH <input type="checkbox"/> OTHER <input type="checkbox"/>			OCCUPATION (PATIENT):						

INSURANCE #1 (PRIMARY INSURANCE - THIS WILL BE FILED FIRST)									
INSURANCE COMPANY				CONTRACT NUMBER			GROUP NUMBER		
SUBSCRIBER'S LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER		DATE OF BIRTH	SEX	MARITAL STATUS		RELATIONSHIP TO PATIENT
			-	-	/	/	M	F	S M W D
INSURANCE #2 (SECONDARY INSURANCE - THIS WILL BE FILED AFTER PRIMARY INSURANCE PAYS)									
INSURANCE COMPANY				CONTRACT NUMBER			GROUP NUMBER		
SUBSCRIBER'S LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER		DATE OF BIRTH	SEX	MARITAL STATUS		RELATIONSHIP TO PATIENT
			-	-	/	/	M	F	S M W D

EMERGENCY CONTACT INFORMATION					
LAST NAME	FIRST NAME	HOME PHONE		CELL PHONE	RELATIONSHIP TO PATIENT
ADDRESS		CITY	STATE		ZIP

FINANCIALLY RESPONSIBLE PARTY									
<small>THIS IS THE PERSON WHO ACCEPTS RESPONSIBILITY FOR PAYMENT OF THE ACCOUNT. THIS MAY OR MAY NOT BE THE SAME PERSON THAT HOLDS THE INSURANCE CONTRACT. ALL BILLING WILL GO TO THE FINANCIALLY RESPONSIBLE PERSON, AND THIS FORM MUST BE SIGNED BY THE PERSON WHO IS FINANCIALLY RESPONSIBLE.</small>									
LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER		DATE OF BIRTH	SEX	MARITAL STATUS		RELATIONSHIP TO PATIENT
			-	-	/	/	M	F	S M W D
ADDRESS					CITY	STATE	ZIP		
EMPLOYER	EMPLOYER PHONE NUMBER		ADDRESS						

Insurance is a contract between you and your insurance company. We are not a party to your contract. We will not become involved in disputes between you and your insurance company regarding deductibles, co-insurances, non-covered charges, pre-existing conditions, coordination of benefits, secondary insurance, or "reasonable and customary" charges, however, we will assist by filing your primary insurance and secondary insurance as a courtesy.

- \* I understand and realize that failure to make timely payment and maintain financial compliance is a basis for legal action and any court cost / collection fees / attorney fees will be assumed by me
- \* I have read the financial policy and understand I am personally responsible for payment on this account in the event that my insurance deems a service to be "non-covered".

\_\_\_\_\_  
Signature - Financially Responsible (Guarantor)

\_\_\_\_\_  
Date