

C-Med Ambulatory Surgery Center

2238 Drew Street
Clearwater, FL 33765
(727) 724-5653

Place Sticker here

Patient Information

Name: _____ Phone Number: (_____) _____
Address: _____ Birth date: _____ Age: _____
City: _____ SS#: _____ Sex: M F
State: _____ Zip: _____ Marital Status: Single Married Race: _____
County: _____ Driver's License Number: _____ State: _____
Employer: _____ Occupation: _____
Address: _____ Work Phone: (_____) _____
City: _____ State: _____ Zip: _____
Emergency Contact (Not living in household): _____ Phone: (_____) _____

Spouse, Parent or Legal Guardian Information (If married enter spouse's information. If patient is a child enter the parent or legal guardian information who is the person signing at the bottom of this page.)

Name: _____ Phone Number: (_____) _____ - _____
Address: _____ Birth date: _____ Age: _____
City: _____ SS#: _____ Sex: M F
State: _____ Zip: _____ Marital Status: Single Married Race: _____
County: _____ Driver's License Number: _____ State: _____
Employer: _____ Occupation: _____
Address: _____ Work Phone: (_____) _____
City: _____ State: _____ Zip: _____

Insurance Information

Primary Insurance: _____	Secondary Insurance: _____
Insured's Name: _____	Insured's Name: _____
Insured's Date of Birth: _____	Insured's Date of Birth: _____
Insurance Carrier Phone: (_____) _____	Insurance Carrier Phone: (_____) _____
ID Number: _____	ID Number: _____
Group Number: _____	Group Number: _____
Employer: _____	Employer: _____
Effective Date: _____	Effective Date: _____

**** PLEASE PRESENT ALL INSURANCE CARDS FOR PHOTOCOPYING ****

Assignment/Release

I, the undersigned, agree that I am financially responsible for all charges, whether or not paid by insurance. I hereby assign, directly to the Surgery Center of Indianapolis, all medical benefits, otherwise payable to me. I also authorize the release of medical information pertinent to my case to any insurance company, physician, adjuster, attorney or accrediting body involved in this case. A photocopy of this assignment shall be considered as effective and valid as the original.

Responsible Party Signature: _____ Date: _____