

PEMBROOKE SQUARE SURGERY CENTER



Place Sticker here

Patient Information

Name: _____ Phone Number: (_____) _____
Address: _____ Birth date: _____ Age: _____
City: _____ SS#: _____ Sex: M F
State: _____ Zip: _____ Marital Status: Single Married Divorced Widowed
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 of person who is signing the bottom of the form.)

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

Insurance Information (Please present ALL your insurance card(s) for photocopying)

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: _____

Assignment/Release

I, the undersigned, agree that I am financially responsible for all charges, not paid by insurance. I hereby assign, directly to Pembroke Square Surgery Center, 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: _____