

PATIENT INFORMATION

| | | | | | |
|--|------|-------------------------|-----------------|-----------------------|-----------------|
| PATIENTS NAME: LAST | | FIRST | INITIAL | SEX: | MARITAL STATUS: |
| MAILING ADDRESS: | | CITY | STATE | ZIP | |
| BIRTH DATE: | AGE: | SOCIAL SECURITY NUMBER: | HOME PHONE: | MESSAGE / CELL PHONE: | |
| EMPLOYER: | | | EMPLOYER PHONE: | | |
| EMPLOYER'S ADDRESS: | | | OCCUPATION: | | |
| HAVE YOU EVER BEEN SEEN IN THIS OFFICE BEFORE? | | | REFERRED BY: | | |

SPOUSE / GUARDIAN INFORMATION

| | | | | |
|--------------------------------|-------------------------|-------|-------------|---------------|
| SPOUSE / GUARDIAN'S NAME: LAST | | FIRST | INITIAL | RELATIONSHIP: |
| BIRTH DATE: | SOCIAL SECURITY NUMBER: | | OCCUPATION: | |

INSURANCE INFORMATION

| | | | |
|----------------------------------|-----------------|-----------|-----------------|
| PRIMARY MEDICAL: INSURANCE NAME | | | ID NUMBER: |
| INSURED'S NAME: | | | GROUP NUMBER: |
| CLAIM'S ADDRESS: | CITY | STATE | ZIP |
| SECONARY MEDICAL: INSURANCE NAME | | | ID NUMBER: |
| INSURED'S NAME: | | | GROUP NUMBER: |
| CLAIM'S ADDRESS: | CITY | STATE | ZIP |
| MOTOR VEHICLE: INSURANCE NAME | | | DATE OF INJURY: |
| CLAIM'S ADDRESS: | | | CLAIM NUMBER: |
| PHONE NUMBER: | INSURED'S NAME: | ATTORNEY: | |

IN CASE OF EMERGENCY

| | | |
|--|---------------------|--------------|
| NAME OF FRIEND OR RELATIVE NOT LIVING WITH YOU WHO COULD BE REACHED IN CASE OF EMERGENCY: | | |
| NAME: _____ | RELATIONSHIP: _____ | PHONE: _____ |

**AUTHORIZATION TO RELEASE INFORMATION – ASSIGNMENT OF INSURANCE BENEFITS
AGREEMENT / CONTRACT**

I HEREBY AUTHORIZE CARL M. ERICKSON, D.O. TO RELEASE TO THE INSURANCE COMPANY NAMED ABOVE ANY INFORMATION ACQUIRED IN THE COURSE OF MY EXAMINATION OR TREATMENT (IF PATIENT IS A MINOR, PARENT OR GUARDIAN SIGN.)

I UNDERSTAND MY INSURANCE COVERAGE IS A RELATIONSHIP BETWEEN MYSELF AND MY INSURANCE COMPANY AND I AGREE TO ACCEPT FINANANCIAL RESPONSIBILITY FOR PAYMENT OF CHARGS INCURRED. I UNDERSTAND THAT A REBILLING FEE FINANCE CHARGE COMPLYING WITH OREGON STATE LAW WILL BE APPLIED TO ANY UNPAID BALANCE OVER 60 DAYS OLD UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE, AND IN THE EVENT OF NON-PAYMENT, I WILL BEAR THE COST OF COLLECTION AND OR COURT COSTS AND REASONABLE LEGAL FEES SHOULD THIS BE REQUIRED.

SIGNED: _____ DATE: _____