		<u>PATIENT I</u>	NFORMATION	
<b>Reason for today</b>	's visit:			
Car Accident?	Yes	No	On the Job Injury	?No
Date:		How did yo	u hear about us:	
			State:	Zip:
			Sex:	
			E-Mail Address:	
Primary Care Physician	า:			
			CARE INSURANCE	
Insurance Company: _				
Address:		City:	State: _	Zip:
Name of Policy Holder	·:		Relationship to Pa	atient:
Policy #:		Group #	Guarantor Date o	of Birth:
		SECOND	ARY INSURANCE	
Insurance Company: _				
Address:		City:	State: _	Zip:
Name of Policy Holder	·:		Relationship to Pa	atient:
Policy #:		Group #	Date of Birth:	
		<u>AUTHORIZA</u>	ATION AND RELEASE	
Assignment of Insurance B Payment: I understand that payer. I understand that I r accepted, I must pay all app service, I will pay in full for medical information to any health care operations which review, transfer, and follows.	enefits: I authorized I am financially of the I am financial services. Relevation or entity of the I am financial of the I am financially of the I am financial of the I am fina	ze payment directly to Ex responsible and agree to oday for all services rende e co pays, coinsurances, a rase of Records: I authori including my insurance of to me or my practitioner eccipt of Privacy Practice	tion and cost of medical and surgical proced scel Urgent Care, PLLC for all benefits other pay all charges that are not paid or billed to ered unless my insurance is accepted. I also and deductibles today. If you are unable to ize Excel Urgent Care, PLLC to release (verbatarrier, employer if treatment is related to en (s) for charges for this treatment and for qual est. I acknowledge that I have received and re-	wise payable to me. Guarantee of a insurance or any other third party understand that if my insurance is verify my insurance at time of all or in writing) confidential mployment purposes, or other ality management, utilization ead the Notice of Privacy Practices
PATIENT SIGNATURE:				DATE:
PARENT/GUARDIAN S	SIGNATURE: _			DATE:
C	ONICENT FOR	NOTIFICATION OF	TEST DESILITS (MEDICAL INFODR	MATION
I give permission to Ex			TEST RESULTS/MEDICAL INFORM	VIATION
<ol> <li>Leave message on</li> </ol>	_		one) Yes/No Cell phor	ne #
2. Follow- up phone	calls or call ba	cks in regards to car	e at Excel Urgent Care using this ph	
		_		
PATIENT SIGNATURE:			[	Date: