

Jeffrey L. Halbrecht, MD
Patient Information Sheet

PATIENT INFORMATION

Name _____ Birthdate _____ Age _____ Sex _____ SSN _____

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Email _____

Marital Status _____ Spouse/Partner Name (if applicable) _____ Phone _____

Primary/Referring Physician _____ Address _____ Phone _____

How Did You Hear About Our Office? Your Doctor Friend Internet (website): _____ Other: _____

Employer _____ Occupation _____

Work Phone _____ Supervisor _____

Emergency Contact Name _____ Relationship _____

Emergency Contact: Primary Phone Number _____ Secondary Phone Number _____

Reason for Visit (specify body part) _____ Date of Injury/Incident _____

How did it happen? _____ Auto _____ Sports _____ Work _____

INSURANCE INFORMATION

Primary Insurance _____ Address _____

Subscriber Name _____ ID# _____ Group# _____ Phone _____

Secondary Insurance _____ Address _____

Subscriber Name _____ ID# _____ Group# _____ Phone _____

FOR WORKERS' COMPENSATION/WORK RELATED INJURIES ONLY

WC Carrier: _____ Claim # _____ Date of Injury _____

Address _____
Street City State Zip

Adjuster _____ Phone _____ Fax _____

Case Manager _____ Phone _____ Fax _____

RESPONSIBLE PARTY INFORMATION (If patient is a minor, please complete the following section)

Name _____ Relationship _____ Birthdate _____

Address _____

SSN _____ Phone _____

Assignment of Insurance Benefits: I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicare, private insurance and any other health plans to Jeffrey L. Halbrecht, MD. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure payment.

Signature of patient, parent, legal guardian, or legal representative

Date