

UCR HEALTH CENTERS

Appointment Date & Time:

REASON FOR VISIT

PATIENT INFORMATION			
Patient #:	Gender:	Date of Birth:	
Last Name:		Age:	
First Name: Initial:		Social Security #:	
Address:		Home Phone:	
City, State, Zip:		Work Phone:	
RESPONSIBLE PARTY			
Account #	Patient Relationship to Guarantor:		
Last Name:	Gender:	Marital Status:	
First Name:		Date of Birth:	
Address:		Social Security #:	
City, State, Zip:		Home Phone:	
Employer:	Work Phone:		
Employer Address:	City, State Zip:		
INSURANCE INFORMATION			
Primary Insurance:			Policy/Subscriber:
Address:		Insured Policy ID:	
City, State, Zip:		Group Number:	
Plan Phone:		Date of Birth:	
Effective Dates:		Patient Relationship to Subscriber:	
Second Insurance:			Policy Subscriber:
Address:		Insured Policy ID:	
City, State, Zip:		Group Number:	
Plan Phone:		Date of Birth:	
Effective Dates:		Patient Relationship to Subscriber:	
PARENT/LEGAL GUARDIAN AND EMERGENCY CONTACT INFORMATION			
Parent/Legal Guardian Name:		Emergency Contact:	
Address(if different than patient):		Address(if different than patient):	
		Patient relationship to Contact:	
Parent Home Phone:		Contact Home Phone:	
Parent Work Phone:		Contact Work Phone:	
MEDICAL AUTHORIZATIONS AND RELEASE OF INFORMATION			
<p>I hereby authorize UCR Health Services to furnish the insured's insurance company all information which said insurance company may request concerning my present illness or injury. I hereby assign to the doctors all money to which I am entitled for medical and/or surgical expenses relative to the services performed. It is understood that any money received from the above named insurance company over and above my indebtedness will be refunded to me when my bill is paid in full. I understand that I am financially responsible to said doctors for all charges., I hereby authorize UCR Health Centers to provide such medical services including surgery, if necessary, either regular or emergency, as may be determined to be in the best interest of the patient listed above. This authorization shall continue and be in full force and effect until revoked in writing by me.</p>			
X _____		Date: _____	
Signature			