

Name		Date of Birth	Gender (circle one) male female	
Address		City	State	Zip code
Primary Phone for Contact	Secondary Phone for Contact		Social Security No.	
Detailed messages (labs, call back, results etc) may be left for me at (circle one): <i>Primary # Secondary # Work Email No messages left anywhere</i>				
Marital status (circle one) <i>single married divorced widow legally separated Partner</i>			Email Address	
Employer			Work Phone	
How did you hear about us?				

Emergency Contact	Relationship	Emergency Contact phone
Responsible Party Name (if patient is under 18 or other then patient)		
Address/City/State/Zip		Social Security No.
Phone	Date of Birth	Employer Name & Phone #

Primary Insurance Carrier		Phone
Policy Holder Name (if other then patient)		Social Security No.
ID/Policy No.	Group No.	Date of birth (of policy holder)
Secondary Insurance Carrier		Phone
Policy Holder Name (if other then patient)		Social Security No.
ID/Policy No.	Group No.	Date of birth (of policy holder)

PHARMACY NAME	Location	Phone
You may release my medical information, test results or other details AND discuss my health when I am not present - with the following person		
1 - Name	Phone	
2 - Name	Phone	

I authorize my insurance company to pay directly any and all claims submitted from Mark J. Lewis, MD, PLC. I accept responsibility for any unpaid balance following insurance reimbursement or should insurance deny coverage for services for any reason and will pay the balance in a timely manner. If I have no insurance or it lapsed I will pay the bill.

Signature _____ Date _____

Please print name of Patient, Parent, Guardian or Personal Representative

Relationship to patient

NEW FEDERAL GUIDELINES – REQUIRE US TO ASK YOU:		CIRCLE ONE ON EACH LINE 1, 2 and 3		
1) RACE:	American Indian/Alaska Native	Asian	Black / African American	
	Hispanic/Latino	Native Hawaiian / Pacific Islander	White	Refuse Answer
2) ETHNICITY:	Hispanic	Non-Hispanic	Refuse to Answer	
3) PREFERRED LANGUAGE:	English	Indian	Russian	Spanish Other