LANE PHYSICIAN GROUP

EMPLOYEE VERIFIED:DATE	_
PATIENT INFORMATION SHEET	
ALLERGIES	
LAST NAME	BIRTHDAY
FIRST NAME	HOME PHONE
ADDRESSLAZIP	WURK PHUNE
EMPLOYER/SCHOOL(ATTENDING)	SOCIAL SEC #
FULL TIME STUDENT?YES NO	DRIVER'S LICENSE#
SPOUSE	SPOUSE DOB
SPOUSEPATIENT E-MAIL ADDRESS	
DOES PATIENT HAVE A LIVING WILL? YES_	NO
RESPONSIBLE PARTY INFORMATION (Parent or C	Guardian)
LAST NAME	_ DRIVER'S LICENSE#
FIRST NAME	_ HOME PHONE
ADDRESSLAZIP	WORK PHONE
CHYLAZIP	BIRTHDAY
EMPLOYER/SCHOOL (ATTENDING)	_ SOCIAL SEC. #
INSURANCE CARRIER	
1). INSURANCE NAMEIN	ISURED'S NAME
GROUP# POLIC	Y #
ADDRESS	
PHONE#	210 00#
PHONE#INSUREDINSURED	JS SS#Child)
IF YOU HAVE MORE THAN ONE INSURANCE, PL	(Sell, Spouse, Child) EASE ALLOW THE DECEDTIONIST TO COD
ALL OF THE CARDS.	EASE ALLOW THE RECEPTIONIST TO COPT
EMERGENCY NOTIFICATION	
	ELATIONSHIP
PHONEC	TY
PLEASE READ AND SIGN	
I understand that all services are charged to the pat	ient, and as the patient, I am responsible for al
charges not paid by my insurance. I hereby authorize	· · · · · · · · · · · · · · · · · · ·
history by means of electronic access which become	
indemnify the physician office and its agents from an	
information. I acknowledge and give consent for t	
release my medical and financial information to m	
payment. I authorizes payment to be made to Lane payment is made it time of service. As of Nov. 1, 20	
showing up for your appointment. When a time slot	
cancel their appointment there is not enough time to	·
seen.	s and the patient that to in hood of boiling