☐ HIGHLAND CLINIC

A PROFESSIONAL MEDICAL CORPORATION

HC31

✱ Physician / Provider being seen today _____

✱ Referred By _____

✱ Primary Care Physician _____

PATIENT (person being seen today)

LAST NAME	FIRST	MIDDLE	(MAIDEN)	☐ Sr ☐ Jr ☐ DDS ☐ III ☐ MD ☐ Rev
SOCIAL SECURITY NO.	BIRTH DATE AGE	☐ SINGLE ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ MARRIED		SEX ☐ MALE ☐ FEMALE
PREFERRED LANGUAGE ☐ ENGLISH ☐ SPANISH ☐ VIETNAMESE ☐ OTHER _____	RACE: ☐ AMERICAN INDIAN ☐ ASIAN ☐ BLACK OR AFRICAN AMERICAN ☐ WHITE OR CAUCASIAN ☐ NATIVE HAWAIIAN ☐ DECLINED			ETHNICITY: ☐ HISPANIC OR LATINO ☐ NON-HISPANIC OR NON-LATINO ☐ DECLINED
MAILING ADDRESS	CITY/STATE	ZIP		HOME PHONE NUMBER ( )
BILLING ADDRESS (GUAR ALTERNATE ADDRESS)	CITY/STATE	ZIP		E-MAIL ADDRESS (OPTIONAL)
EMPLOYER NAME	EMPLOYER PHONE NUMBER ( )			CELL PHONE NUMBER ( )
NAME OF SPOUSE	SPOUSE BIRTH DATE			SPOUSE SOCIAL SEC. NO.
NAME OF SPOUSE EMPLOYER	SPOUSE EMPLOYER PHONE NUMBER			CELL PHONE NUMBER ( )
NAME OF EMERGENCY CONTACT NOT LIVING WITH YOU	PHONE NUMBER			RELATIONSHIP TO PATIENT

IF PATIENT IS UNDER 18, PERSON RESPONSIBLE FOR PAYMENT (MUST BE PRESENT)

LAST NAME	FIRST	MIDDLE	(MAIDEN)	☐ Sr ☐ Jr ☐ DDS ☐ III ☐ MD ☐ Rev
SOCIAL SECURITY NO.	BIRTHDATE	AGE		SEX ☐ MALE ☐ FEMALE
PREFERRED LANGUAGE ☐ ENGLISH ☐ SPANISH ☐ VIETNAMESE ☐ OTHE R _____	RACE: ☐ AMERICAN INDIAN ☐ ASIAN ☐ BLACK OR AFRICAN AMERICAN ☐ WHITE OR CAUCASIAN ☐ NATIVE HAWAIIN ☐ DECLINED			ETHNICITY: ☐ HISPANIC OR LATINO ☐ NON-HISPANIC OR NON-LATINO ☐ DECLINED
BILLING ADDRESS	CITY/STATE	ZIP		PHONE NUMBER
EMPLOYER	PHONE NUMBER			CELL PHONE NUMBER ( )

INSURANCE INFORMATION

Do you have health insurance? ☐ YES ☐ NO

SUBSCRIBER (who carries the insurance) ☐ SELF ☐ PARENT ☐ SPOUSE ☐ OTHER _____	SUBSCRIBER NAME (Primary Policy Holder)		SUBSCRIBER BIRTH DATE
NAME OF INSURANCE COMPANY			
☐ MEDICARE ☐ AETNA ☐ TRICARE			☐ PRIMARY
☐ BLUE CROSS ☐ UNITED HEALTHCARE ☐ OTHER _____			☐ SECONDARY
POLICY NUMBER	GROUP NUMBER	SUBSCRIBER EMPLOYER	

FOR CLINIC USE ONLY

ACCOUNT NO.	PATIENT NO.	FIN CLASS	DATE	INFO TAKEN BY

I declare that the above answers and statements are true and correct to the best of my knowledge and belief. I hereby acknowledge that I have read this entire section, front and reverse, a nd agree to all of the terms herein and further acknowledge receipt of copy of this form with full disclosure statement.

_____ DATE

X_____ SIGNATURE