



Time: _____

2882 N. Druid Hills Rd. NE Suite B
Atlanta, GA 30329

Today's Date: ____/____/____

PATIENT INFORMATION SHEET

First: _____ M.I.: _____ Last Name: _____

Street: _____ Apt: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone (____) _____ - _____

DOB: ____/____/____ SSN: ____ - ____ - ____ Email: _____

Main reason for visit: _____

Male _____ Female _____

Worker's Compensation Claim Y N

Private Physician: _____ Physician's Phone: (____) _____ - _____

Emergency Contact Name: _____ Phone: (____) _____ - _____

Responsible Party for Bill _____ Relationship: _____

Primary Insurance Information None Same as information listed above

Name of Insurance Company _____

Policy Holder: _____ Relationship: _____

DOB: ____/____/____ Name & Phone of Employer: _____

ID # _____ Group # _____ Effective Date: ____/____/____

Secondary Insurance Information None Name _____

Policy Holder: _____ Relationship: _____

DOB: ____/____/____ Name & Phone of Employer: _____

Policy # _____ Group # _____

I give UCDH and or its representative permission to file my claims with my insurance carrier. Also, I understand that any remaining balance after my insurance claim has been adjudicated and adjustments for assigned fee schedules have been made that any remaining balance will be due within thirty (30) days of notification. Notification will be provided by UCDH in the form of a patient statement mailed to the address provided above. After the thirty-day period I understand my account may be turned over for collections and that all fees related to this collection are my responsibility.

The UCDH fee schedule does not include major tests or lab work we send out, or orthopedics material such as crutches, or casting boots. It is not included because these services are provided by outside vendors. They will bill your insurance.

Patient Signature: _____

Patient Representative (print): _____ Relationship: _____

Representative's Signature: _____ **Today's Date:** ____/____/____