

Martin Medical Center, P.C. Patient Profile

PATIENT INFORMATION:

Name: _____

Address: _____

City, St, Zip: _____

Phone: _____ Home Work Other

Phone: _____ Home Work Other

Phone: _____ Home Work Other

Email Address: _____

(In order to use our on-line Patient Portal we must have your email address on file.)

PATIENT EMPLOYMENT:

Employed Retired Unemployed Other

Phone: _____

Employer: _____

GUARANTOR:

Same as patient

Name: _____

Address: _____

City, St, Zip: _____

INSURANCE: (Please present your insurance card to the receptionist)

Same as patient Same as Guarantor Other

Name: _____

Address: _____

Social Security #: _____

CONSENT TO TREAT/INSURANCE AUTHORIZATION:

1. I hereby authorize examination and/or treatment by the physicians and/ or Allied Health Professionals at Martin Medical Center, P.C.
2. I authorize the release of any medical information needed to process insurance claims.
3. I authorize Martin Medical Center to act as my agent to help determine and obtain benefits from my insurance company.
4. I understand that I am completely responsible for all charges incurred.
5. Based on current Tennessee law I understand that Martin Medical Center is required to obtain records of my medication history.
6. I acknowledge that I have been given and have read the Notice of Privacy Practices for Martin Medical Center.
7. I do hereby certify that the above information is complete and accurate.

Date of Birth: _____

Sex: Male Female

Social Security #: _____

Marital Status: Married Single Divorced Widow

Referring Physician: _____

Primary Care Physician: _____

Preferred Language: _____

Contact by: _____

EMERGENCY CONTACT

Name: _____

Contact Phone: _____

PHARMACY

(It is recommended that you use one (1) Pharmacy for all your prescription needs)

Pharmacy Name: _____

Pharmacy Phone #: _____

GUARANTOR EMPLOYMENT:

Employer: _____

Phone: _____

Alt Phone: _____

Social Security #: _____

Date of Birth: _____

LIVING WILL:

{For patients over the age of 18}

Do you have an advanced directive (Living Will)?

Yes No

Would you like a packet about Living Wills?

Yes No

Signature

Date