Insurance _____
X-ray_____
Labs_____

***Scanned by*_____**

Palm Bay Urgent Care

1155 Malabar Rd NE #10
Palm Bay, FL 32907

Patient Name_____
(Last) (First) (MI)

Social Security #_____

DOB _____ **AGE**_____

Marital Status: (circle one please) M S D W

SEX: (circle one please) M F

Address_____

City_____**State**_____ **Zip**_____

Phone_____**Cell**_____

Race/Ethnicity: White Black Latino Asian
Native American

Primary Language: English Spanish French Other

Primary Care Dr _____

Primary Insurance
Company_____**ID#**_____

Policy Holder's
Name_____

Policy Holder's SS#_____

Policy Holder's Date of Birth_____

Secondary Insurance
Company_____**ID#**_____

Policy Holder's
Name_____

Policy Holder's SS#_____

Policy Holder's Date of Birth_____

Parent/Guardian 1._____ **Parent/Guardian 2.**_____

Who else may we speak to regarding your medical record?_____

How did you hear about us? _____
Is this visit related to an auto accident? YES NO
Is this visit related to a work injury? YES NO
Do you plan to file a lawsuit related to the condition you are here to have evaluated? YES NO
If you are a female patient, are you pregnant? YES NO

Pharmacy Name_____

Pharmacy
Address_____

Phone Number _____

I hereby authorize Dr. Stan Dziedzic/ Dr. Richard Krubel to furnish all information concerning my illness and treatment to the insurance company to help secure payment for services rendered. I understand that certain insurance claims may be filed as a courtesy. However, if for any reason the claim is denied, I am responsible for payment.
Please remember that insurance is considered a method of reimbursing the patient for fees to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. I understand it is my responsibility to pay any deductible amount, co-insurance or any other balance not paid by my insurance or third party payer within a period of time not to exceed 60 days.

Patient/Guardian Signature _____**Date**_____

Email address_____