

Vascular Specialists of Mobile, P.C.
 171 MOBILE INFIRMARY BOULEVARD
 MOBILE, ALABAMA 36607
 (251) 432-0558

DATE		
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LAST NAME		FIRST NAME		MI
STREET ADDRESS		CITY	STATE	ZIP
SEX	DOB	SSN	HOME PHONE	MARITAL STATUS
EMPLOYMENT INFORMATION		RESPONSIBLE PARTY		
OCCUPATION		NAME		
EMPLOYER		ADDRESS		
ADDRESS				
		HOME #	WORK #	
PHONE		EMPLOYER		
SPOUSE INFORMATION				
NAME		ADDRESS		
EMPLOYER				
OCCUPATION		WORK PHONE		
EMERGENCY CONTACT				
NAME		ADDRESS		
RELATIONSHIP				
EMPLOYER		HOME #	WORK #	
REFERRED BY				
NAME		TELEPHONE		
INSURANCE CO. (PRIMARY)		INSURANCE CO. (SECONDARY)		
NAME		NAME		
ADDRESS		ADDRESS		
PHONE		PHONE		
CONTRACT #	GRP #	CONTRACT #	GRP #	
SUBSCRIBER NAME		SUBSCRIBER NAME		
INSURANCE CO. (THIRD)		MISCELLANEOUS		
NAME				
ADDRESS				
PHONE				
CONTRACT #	GRP #			
SUBSCRIBER NAME				

ASSIGNMENT, ACKNOWLEDGMENT AND/OR GUARANTEE OF PAYMENT

- I authorize the release of my medical information to any pertinent party, in addition to any insurance companies for the processing of my claims.
- I authorize by signing below payment of medical benefits directly to my MD.
- By signing below I acknowledge my understanding that I am financially responsible for any deductibles, non-covered services and balances not covered by my insurance carrier.
- I agree that a photocopy of this form may be used in lieu of the original.
- I acknowledge by signing below that I have received and read the Notice of Privacy Practices and Notice of Individual Rights.

 (Signature) (L.S.) (Date)

 (Printed Name)