

# BASTROP MEDICAL CLINIC

195 S. Hasler Blvd., Suite B-1, Bastrop, TX 78602 P (512) 308-1555 / F (512) 308-1565

Patient Information - Please Print Clearly				Today's Date:			
Last Name:		First Name:		M.I.:	DOB:	AGE:	
Street Address:				Phone #:		Sex: M / F	
City/State/Zip:				SS# or DL#:			
Child Lives With: Mother / Father or Other (specify):							
Parent, Guardian or Spouse of Patient							
Last Name:		First Name:		M.I.:	Phone #:		
Street Address:			DOB:	Age:	SS#:		
City/State/Zip:			Sex: M / F	DL#	State Issued:		
Employer Name and Address:				Occupation:		Work Phone:	
Other Parent or Guardian of Patient							
Last Name:		First Name:		M.I.:	Phone #:		
Street Address:			DOB:	Age:	SS#:		
City/State/Zip:			Sex: M / F	DL#	State Issued:		
Employer Name and Address:				Work Phone:		Social Security #:	
Emergency Contact Information (nearest relative not living at patient's address above)							
Name:		Address:		Relationship:		Phone #:	
Insurance Information - your insurance card is requested at this time for photocopies							
Insurance Company Name			Address:				
Phone #:		Please Circle One: HMO / PPO / POS / EPO		Referrals required if needed: Yes / No			
Insurance ID #:			Insurance Group #:				
Name of Person Who Carries the Insurance for the Patient							
Last Name:		First Name:		DOB:			
Address:		Social Security #		Relationship:			
Payment Agreement			Medical Release Authorization				
I authorize payment of medical benefits to the undersigned physician or medical provider. I understand that I may be responsible for any amount not paid by the insurance company. Dependent patient must sign if not a minor.			I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment. I certify the information I furnished is true and correct. I understand it is a crime to fill out this form with facts I know are false or leave out facts I know are important.				
Your signature:			Your signature:				