Urgent Care of Berwick
5730 Ogeechee Rd. Suite 192
Savannah, Georgia 31405
(P) 912.201.1140 (F) 912.777.6449

Patient Information

Today's Date: _____ Gender: _____ Date of Birth: _____/_____/_____ Age: _____

Last Name: _____ First Name: _____MI: _____

SSN# _____-_____-_____ E-mail Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home #: (_____) _____-_____ Work #: (_____) _____-_____ Cell # : (_____) _____-_____

Employer: _____

Race/Ethnicity _____ Preferred Language: _____

Marital Status: (Circle) Single Married Divorce Separated Partnered Widowed

Emergency Contact: _____ *Relationship to Patient*: _____

Emergency Contact Phone #: _____

Insurance Information

Primary Insurance: _____

Subscriber's Name: _____

Subscriber's Date of Birth: _____/_____/_____

Subscriber's SSN : _____-_____-_____

ID #: _____

Group #: _____

Secondary Insurance: _____

Subscriber's Name: _____

Subscriber's Date of Birth:_____/_____/_____

Subscriber's SSN: _____-_____ _____-_____

ID #: _____

Group #: _____

Reason for today's visit: _____

If Injured: Where you injured on the job? (Circle) Yes No Injury Date: _____

I authorize treatment and the release of medical information acquitted in my treatment to process claims to my insurance company. I authorize direct payment from my insurance company to Urgent Care of Berwick. I recognize and accept responsibility for services rendered regardless of Insurance coverage. This Includes but is not limited to co-insurance, co-payment, deductible and non-covered services. I understand that payment in full will be required at the time of service if I decided I want to file my own claim. I have received a Notice of Privacy Practices from Urgent Care of Berwick.

Signature of Responsible Party: _____ Date: _____/_____/_____

Please continue to the next page for your office visit details and sign the ***authorization to treat.***