

CLARKSBURG MEDICAL CENTER
TODAY'S DATE ___/___/___

NAME (LAST, FIRST, MI) _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ DOB _____ SEX _____ HOMEPHONE _____ CELL _____ WORK _____ EMAIL _____ SSN _____ WOULD YOU LIKE TO BE WEB ENABLED? (APPOINTMENT REMINDERS, LAB RESULTS, ETC.) _____ YES _____ NO NAME/LOCATION OF PHARMACY _____	
EMERGENCY CONTACT _____ RELATIONSHIP TO PATIENT _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE H/W/C _____	
IS EITHER DR. MANGAT OR DR. KAUR YOUR PRIMARY CARE PHYSICIAN? _____ YES _____ NO WERE YOU REFERRED HERE? _____ YES _____ NO IF YES, WHO IS YOUR REFERRING PHYSICIAN? _____ ARE YOU HERE FOR AN AUTO ACCIDENT OR WORK RELATED INJURY? _____ YES _____ NO	
IS THE PATIENT UNDER THE AGE OF 18? _____ YES _____ NO PARENT/GUARDIAN NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE H/W/C _____	
PRIMARY INSURANCE _____ SELF PAY? _____ YES _____ NO POLICY/MEMBER ID _____ GROUP ID _____ POLICY HOLDER _____ DOB _____ SSN _____ INSURANCE ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO POLICYHOLDER _____ SELF _____ SPOUSE _____ CHILD _____ OTHER _____	
SECONDARY INSURANCE _____ POLICY/MEMBER ID _____ GROUP ID _____ POLICY HOLDER _____ DOB _____ SSN _____ INSURANCE ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO POLICYHOLDER _____ SELF _____ SPOUSE _____ CHILD _____ OTHER _____	
DO YOU HAVE A FLEX PLAN? _____ YES _____ NO DO YOU HAVE A HSA ACCOUNT? _____ YES _____ NO DO YOU HAVE BENEFITS CREDIT? _____ YES _____ NO	
RACE _____ AMERICAN INDIAN/ALASKAN NATIVE _____ ASIAN _____ WHITE/CAUCASIAN _____ BLACK/AFRICAN AMERICAN _____ HAWAIIAN/PACIFIC ISLANDER _____ HISPANIC/LATINO _____ REFUSED TO REPORT	PRIMARY LANGUAGE _____ ENGLISH _____ SPANISH _____ INDIAN (HINDI/TAMIL) _____ OTHER _____ REFUSED TO REPORT ETHNICITY _____ HISPANIC _____ NOT HISPANIC _____ REFUSED TO REPORT ETHNICITY Translator Required? _____ Yes _____ No

By signing this document, I certify that the above demographic and insurance information is valid.
 Signature _____ Date _____

