INTERLAKE MEDICAL CENTER, PLLC

2103 152nd Ave. NE, Redmond, WA 98052 425-746-2400

PATIENT INFORMATION

Last Name: First Name: M.I.:

Address: Sex: M F

City/State/ZIP: Home Phone #:

Employer: Work Phone #:

Social Security #: Cell Phone #:

Referred to this office by: Birthdate:

PERSON RESPONSIBLE FOR CHARGES NOT PAID BY INSURANCE (GUARANTOR)

Last Name: First Name: M.I.:

Address:

Home Phone:

Employer: Work Phone:

Relation to Patient: Cell Phone:

MEDICAL INSURANCE INFORMATION

Is patient covered by medical insurance? ( ) Yes ( ) No

	Primary Insurance	Secondary Insurance
Insurance Name		
Subscriber's Name		
Subscriber's Birthdate / Sex M or F		
Subscriber's Social Security #		
Subscriber's Group Number		
Co-Payment Required		

EMERGENCY CONTACT

Name:

Home Phone: Work Phone:

Relation to Patient: Cell Phone:

The above information is true to the best of my knowledge. I understand I am responsible for charges associated with medical services and agree to pay all bills withis 30 days from the receipt of the statement, unless other arrangements are made. I authorize the physician and clinic to release any information requested to my insurance plan at any time for any reason, including, but not limited to, claims processing or auditing. I aslo authorize my insurance company to pay directly to the physician.

Patient/Guardian Signature: Date: