

ADULT PATIENT INFORMATION

***Anyone 18 years or older will be considered an adult and placed on their own account ***

PATIENT

Legal Name _____
First Middle Last
 Alternate/Nickname _____
 Date of Birth _____ Social Security Number _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Male Female Student Yes FT PT No
 Marital Status: M S D W Referring Physician _____ Primary Physician _____
 Employer _____ Work Ph. () _____ Cell Ph. () _____
 In case of emergency, name of person NOT living with patient to contact:
 Name _____ Phone _____ Relationship to patient _____

IF MARRIED

Spouse's Name _____
 Address _____ City _____ State _____ Zip _____
 Date of Birth _____ Social Security Number _____
 Employer _____ Work Ph. () _____ Cell Ph () _____

NOTE

Mercy Clinic, Inc. routinely does family billing (all family member charges appear on one family bill). This bill will be addressed to the person listed below as the subscriber of the primary insurance.

INSURANCE INFORMATION

Please give us all pertinent information regarding your insurance coverage and present a copy of your card to the receptionist.

Primary Insurance:

Insurance Name _____
 Person Carrying Ins. _____ Date of Birth _____
 Address of Person Carrying Ins. _____
 Relationship to Patient _____
 ID Number _____
 Group Number _____
 Effective Date _____

Secondary Insurance:

Insurance Name _____
 Person Carrying Ins. _____ Date of Birth _____
 Address of Person Carrying Ins. _____
 Relationship to Patient _____
 ID Number _____
 Group Number _____
 Effective Date _____

If Medicare is not your primary insurance list the reason below
 patient or spouse employed
 disability
 other

If no insurance coverage, to whom should the bill be addressed?
 Patient Spouse

OTHER INFO

*How did you hear about Mercy Clinics? Friend Relative Advertising Other _____

 Should anyone else have access to billing statements or medical records? Yes No
 If yes, please request and complete an Alternate Communications Form.

By signing this, I verify that this information is correct and that I am ultimately financially responsible for any charges incurred.

Signature _____ Date _____