

PLEASE FILL OUT AS COMPLETELY AS POSSIBLE



Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone w/Area Code: \_\_\_\_\_ Cell/Work Phone w/Area Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Would you like an invitation to our Patient Portal? Y N

Race (Circle one): Declined / American Indian / Asian / Black / Hawaiian / Pacific Islander / White / Other

Ethnicity (Circle one): Declined / Hispanic or Latino / Not Hispanic or Latino

Contact Preference (circle one): Phone: Home Cell Work / Mail / Fax / Email / Patient Portal

In Case of Emergency, Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

Insurance Information

Primary Insurance Company: \_\_\_\_\_ Primary Policy Holder : \_\_\_\_\_

Primary Policy Holder's Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_ Primary Policy Holder : \_\_\_\_\_

Primary Policy Holder's Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Whom may we thank for referring you to our practice?  Another patient, friend  Another patient, relative

Physician Office, Name of Office Referring you to our Practice \_\_\_\_\_

Newspaper  Insurance  Work  Yellow Pages  Internet  Other \_\_\_\_\_

Are You a Previous Patient of Dr. Bell?  Yes  No

Have You been to a Gastroenterologist before?  No  Yes Name \_\_\_\_\_

Who is Your Primary Care Physician? \_\_\_\_\_

Assignment of Benefits and Financial Agreement

I hereby acknowledge that I received or was provided the opportunity to receive a copy of Coastal Gastroenterology, PC Notice of Privacy Practices and Financial Policies. I furthermore authorize this physician to release any information acquired in the course of my examination or treatment and permit payment directly to him at his election, any benefits due me for his service. I recognize and accept my responsibility for any balance or fee not covered by my insurance plan, including any copays. I further agree that a photocopy of this agreement shall be as valid as the original.

Date \_\_\_\_\_