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| ☐ Dr. Klein ☐ Dr. Saleh  | y 🗍 Di                        | r. Miller  |  |  |   |  |
|--|-------------------------------|--|--|--|---|--|
|  |                               | r. Agarwal   |  |  |   |  |
| □ Dr. Umhau         □ Dr. Parker           □ Dr. Hansen         □ Dr. Delistathis  |                               |  |  | Date:  |   |  |
| PLEASE PRINT CLEARLY   |                               |  |  |  |   |  |
| ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.  | ☐ Dr. ☐ Prof.                 | ☐ Other  | Single   | Married  | Other   |  |
| PATIENT'S NAME (LAST, FIRST, MIDDLE)   |                               |  |  |  | HOME PHONE  |  |
| PATIENT'S HOME ADDRESS   | APT. NO.                      | CITY   | STATE  | ZIP  | BUSINESS PHONE  |  |
|  |                               |  |  |  | ( )   |  |
| DATE OF BIRTH  | SOCIAL SECURITY N             | NUMBER   | AGE  | SEX  | CELL PHONE  |  |
| PATIENT'S OCCUPATION   | PATIENT'S EMPLOYE             | ER'S ADDRESS   |  | EMAIL  | ( )   |  |
| TAILN'S GOOD ANON  | TATIENT O EMILEOTE            | EN O ADDITEOU  |  | LIVI (IL   |   |  |
| SPOUSE'S NAME (LAST, FIRST, MIDDLE)  |                               |  |  |  | BUSINESS PHONE  |  |
|  |                               |  |  |  | ( )   |  |
| GUARANTOR INFORMATION PERSON RESPONSIBLE FOR BILL  | ADDRESS                       | CITY   | STATE  | ZIP  | HOME PHONE  |  |
|  |                               |  |  |  | ( )   |  |
| RELATIONSHIP TO PATIENT  | RESPONSIBLE PERSON'S EMPLOYER |  |  |  | BUSINESS PHONE  |  |
|  |                               |  |  |  | ( )   |  |
| PERSON TO NOTIFY IN CASE OF EMERGENCY  | ADDRESS                       | CITY   | STATE  | ZIP  | HOME PHONE  |  |
|  |                               |  |  |  | ( )   |  |
| RELATIONSHIP TO PATIENT  |                               |  |  |  | BUSINESS PHONE  |  |
|  |                               |  |  |  | ( )   |  |
| REFERRED BY  |                               |  |  |  |   |  |
|  |                               |  |  |  |   |  |
| MEDICARE - IS MEDICARE VO  |                               | INCLIDANCE? VEC  | □ NO □   |  |   |  |
| MEDICARE - IS MEDICARE YOUR PRIMARY INSURANCE? YES NO DIDENTIFICATION NUMBER  WHICH DO YOU HAVE? PART A PRIMARY INSURANCE? YES NO DIDENTIFICATION NUMBER  PART A FIGURE 1. PLEASE INDICATE Effective Date DIDENTIFICATION NUMBER |                               |  |  |  |   |  |
|  |                               |  | Httec:   | tiva I lata  |   |  |
|  |                               | PART A L   |  |  |   |  |
| PLUE ORGON INQUIRANCE IN   |                               | PART B   | Effect   | tive Date  |   |  |
| BLUE CROSS INSURANCE – IS INSURANCE COMPANY NAME   | BLUE CROSS                    | PART B YOUR PRIMARY  | SECONDARY  | tive Date  | TIARY   |  |
|  | BLUE CROSS                    | PART B YOUR PRIMARY  | SECONDARY  | tive Date  | TIARY   |  |
|  |                               | PART B YOUR PRIMARY  | SECONDARY INDICATE WHICH STATE   | tive Date  | TIARY \( \sum_{\text{Y}} \)   |  |
| INSURANCE COMPANY NAME  IDENTIFICATION NUMBER  |                               | YOUR PRIMARY  PLEASE  SERVICE OR ENROLLMENT  SUBSCRIBERS SUI   | SECONDARY INDICATE WHICH STATE  NO. OR GROUP NO.   | TER1 GOVERNMENT POLIC YES  | Y NO   EFFECTIVE DATE OF CONTRACT   |  |
| INSURANCE COMPANY NAME   |                               | YOUR PRIMARY PLEASE SERVICE OR ENROLLMENT  | SECONDARY INDICATE WHICH STATE   | TER1 GOVERNMENT POLIC YES  | riary \( \square \) Y NO \( \square \)  |  |
| INSURANCE COMPANY NAME  IDENTIFICATION NUMBER  SUBSCRIBER'S NAME   |                               | YOUR PRIMARY  PLEASE  SERVICE OR ENROLLMENT  SUBSCRIBER'S BIRTHDATE  SUI   | SECONDARY INDICATE WHICH STATE  NO. OR GROUP NO.  BSCRIBER'S RELATIONSHIP TO   | TERT GOVERNMENT POLIC YES  PATIENT SUBSCR  | Y NO   EFFECTIVE DATE OF CONTRACT   |  |
| INSURANCE COMPANY NAME  IDENTIFICATION NUMBER  |                               | PART B PRIMARY PLEASE SERVICE OR ENROLLMENT  SUBSCRIBER'S BIRTHDATE  SECONI  | SECONDARY  SECONDARY INDICATE WHICH STATE  NO. OR GROUP NO.  BSCRIBER'S RELATIONSHIP TO  DARY  TERTI   | TERT GOVERNMENT POLIC YES  PATIENT SUBSCR  | NO DEFFECTIVE DATE OF CONTRACT  |  |
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| INSURANCE COMPANY NAME  IDENTIFICATION NUMBER  SUBSCRIBER'S NAME  OTHER INSURANCE – IS THIS Y  | OUR PRIMAR                    | PART B PRIMARY PLEASE SERVICE OR ENROLLMENT  SUBSCRIBER'S BIRTHDATE  SECONI  | SECONDARY INDICATE WHICH STATE  NO. OR GROUP NO.  BSCRIBER'S RELATIONSHIP TO  DARY  TERTI INDICATE WHICH STATE   | TERT GOVERNMENT POLICE  PATIENT SUBSCR  ARY  GOVERNMENT POLICE  GOVERNMENT POLICE  GOVERNMENT POLICE  TERT   | NO DEFFECTIVE DATE OF CONTRACT  |  |
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| INSURANCE COMPANY NAME  IDENTIFICATION NUMBER  SUBSCRIBER'S NAME  OTHER INSURANCE – IS THIS Y INSURANCE COMPANY NAME   | OUR PRIMAR                    | PART B  YOUR PRIMARY  PLEASE  SERVICE OR ENROLLMENT  SUBSCRIBER'S BIRTHDATE  SECONI  PLEASE  SERVICE OR ENROLLMENT   | SECONDARY INDICATE WHICH STATE  NO. OR GROUP NO.  BSCRIBER'S RELATIONSHIP TO  DARY  TERTI INDICATE WHICH STATE   | TERT GOVERNMENT POLIC  YES  PATIENT SUBSCR  ARY  GOVERNMENT POLIC  YES  TERT  YES  TO PATIENT SUBSCR  TO PAT | Y NO D  EFFECTIVE DATE OF CONTRACT  IBER'S EMPLOYER  Y NO D   |  |
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| INSURANCE COMPANY NAME  IDENTIFICATION NUMBER  SUBSCRIBER'S NAME  OTHER INSURANCE – IS THIS Y INSURANCE COMPANY NAME  IDENTIFICATION NUMBER  SUBSCRIBER'S NAME  CHECK HERE IF YOU HAVE   | OUR PRIMAR                    | PART B PRIMARY  PLEASE  SERVICE OR ENROLLMENT  SUBSCRIBER'S SUI  PLEASE  SERVICE OR ENROLLMENT  SUBSCRIBER'S SUI  PLEASE  SERVICE OR ENROLLMENT  SUBSCRIBER'S SUI  SERVICE OR ENROLLMENT  SUBSCRIBER'S SUI  SUBSCRIBER'S SUI  CE COVERAGE  | SECONDARY INDICATE WHICH STATE  NO. OR GROUP NO.  BSCRIBER'S RELATIONSHIP TO  TERTI INDICATE WHICH STATE  NO. OR GROUP NO.  BSCRIBER'S RELATIONSHIP TO  CHECK HEF        | TERT GOVERNMENT POLIC YES  PATIENT SUBSCR  GOVERNMENT POLIC YES  PATIENT SUBSCR  | Y NO   EFFECTIVE DATE OF CONTRACT  WARRING TO THE STREET OF CONTRACT  Y NO   EFFECTIVE DATE OF CONTRACT |  |
| IDENTIFICATION NUMBER  SUBSCRIBER'S NAME  OTHER INSURANCE – IS THIS Y INSURANCE COMPANY NAME  IDENTIFICATION NUMBER  SUBSCRIBER'S NAME  CHECK HERE IF YOU HAVE I UNDERSTAND THAT FOXHALL INT                                     | OUR PRIMAR                    | PART B PRIMARY  PLEASE  SERVICE OR ENROLLMENT  SUBSCRIBER'S SUI  PLEASE  SERVICE OR ENROLLMENT  SUBSCRIBER'S SUI  PLEASE  SERVICE OR ENROLLMENT  SUBSCRIBER'S SUI  SERVICE OR ENROLLMENT  SUBSCRIBER'S SUI  SUBSCRIBER'S SUI  CE COVERAGE  | SECONDARY INDICATE WHICH STATE  NO. OR GROUP NO.  BSCRIBER'S RELATIONSHIP TO  TERTI INDICATE WHICH STATE  NO. OR GROUP NO.  BSCRIBER'S RELATIONSHIP TO  CHECK HEF        | TERT GOVERNMENT POLIC YES  PATIENT SUBSCR  GOVERNMENT POLIC YES  PATIENT SUBSCR  | NO DEFFECTIVE DATE OF CONTRACT  IBER'S EMPLOYER  Y  NO DEFFECTIVE DATE OF CONTRACT  IBER'S EMPLOYER     |  |
| IDENTIFICATION NUMBER  SUBSCRIBER'S NAME  OTHER INSURANCE – IS THIS Y INSURANCE COMPANY NAME  IDENTIFICATION NUMBER  SUBSCRIBER'S NAME  CHECK HERE IF YOU HAVE   | OUR PRIMAR                    | PART B PART B PLEASE  SERVICE OR ENROLLMENT  SUBSCRIBERS SUI PLEASE  SERVICE OR ENROLLMENT  SUBSCRIBERS SUI PLEASE  SERVICE OR ENROLLMENT  SUBSCRIBERS SUI CE COVERAGE  DOES NOT PARTICIF  | SECONDARY  INDICATE WHICH STATE  NO. OR GROUP NO.  BSCRIBER'S RELATIONSHIP TO  DARY  TERTI INDICATE WHICH STATE  NO. OR GROUP NO.  BSCRIBER'S RELATIONSHIP TO  CHECK HEF | TERT GOVERNMENT POLIC YES  PATIENT SUBSCR  GOVERNMENT POLIC YES  PATIENT SUBSCR  | NO DEFFECTIVE DATE OF CONTRACT  IBER'S EMPLOYER  Y  NO DEFFECTIVE DATE OF CONTRACT  IBER'S EMPLOYER     |  |