

Greene Family Medicine, PLLC
29 North Chenango St., Suite A
Greene, NY 13778
Greenefamilymed.com
Phone: (607) 875-4334

PATIENT DATABASE

Name of Patient: First _____
Middle _____
Last _____

Social Security Number _____

Maiden Name _____ Spouse Name _____

Address _____

Home Phone _____ Work Phone _____

Cell _____ Email _____

Birth Date (MM/DD/YYYY) _____ Sex (M or F) _____

Employer _____

Responsible Party (Person who should receive the bill):

Name: First _____
Middle _____
Last _____

Relationship to Patient _____

Address _____

Home Phone _____ Work Phone _____

Cell _____ Email _____

Birth Date (MM/DD/YYYY) _____ Sex (M or F) _____

Employer _____

Insurance Coverage:

Primary Insurance Coverage

Name on Card _____ Insurance Company Name _____

Insurance Company Address _____

Insured ID Number _____ Effective Date _____

Group/Member/Policy Number _____

Secondary Insurance Coverage

Name on Card _____ Insurance Company Name _____

Insurance Company Address _____

Insured ID Number _____ Effective Date _____

Group/Member/Policy Number _____

Is your visit a result of a work related accident ? Y / N

Is your visit a result of an automobile accident ? Y / N

In case of Emergency Contact:

Name _____ Phone 1 _____

Phone 2 _____ Relationship _____

Authorization for Treatment and to Pay Benefits to the Physician

I attest that the above information is true and correct to the best of my knowledge. I confirm that I have received a copy of the Greene Family Medicine, PLLC "Notice of Privacy Practices" containing a complete description of the uses and disclosures of my health information. I authorize Greene Family Medicine, PLLC to release any medical information required during the course of examination and treatment and permit payment directly to them and any benefits due for their services rendered. I recognize and accept financial responsibility for services rendered regardless of insurance coverage. This includes but is not limited to coinsurance, copayment, deductible and non covered services.

Signature _____

Date _____