

VINCENT C. HUNG, M.D., INC.
ANDREW BREITHAUPT, M.D., F.A.A.D.

Patient Personal Information

Mr. Mrs. Miss Male Female
Name _____
Marital Status Married Single Divorced Widow Minor
Spouse Name: _____
Group# _____
Address: _____
City/St/Zip _____
Driver License _____
Social Security Number _____
Date of Birth _____
Phone (primary) _____
Phone(secondary) _____
Cell Phone _____
Occupation/Student _____
Employer/School _____
Referred by _____

Preferred Contact Method (check one)

Primary Secondary Cell Phone e-Mail

I authorize for you to send email to me at the following address:

Insurance Information

Insurance Carrier _____
Insurance I.D.# _____
Type (circle one) HMO PPO POS
Subscriber's Name _____
Subscriber's Date of Birth _____

If patient is a minor or has a guardian, please fill out below:

RESPONSIBLE PARTY INFORMATION

Name _____
Address: _____
City/St/Zip _____
Social Security Number _____
Date of Birth _____
Phone (circle Home/Work/Cell) _____
Phone (circle Home/Work/Cell) _____
Relationship to patient _____

NOTICE: These questions are included to comply with new Federal guidelines - we are required to ask all patients for this information.

ETHNICITY (check one) Hispanic/Latino Not Hispanic/Latino

RACE (check one) American Indian/Alaskan Native White
 Black/African American Asian I choose not to specify

PREFERRED LANGUAGE (check one)

English Spanish American Sign Language Other
 I choose not to specify

IF YOUR INJURY IS JOB RELATED

Name of person who can authorize treatment _____

Company's Insurance Carrier _____

Address: _____

City/St/Zip _____

Phone _____ ok'd by _____

AUTHORIZATION -

I authorize you to share my protected health information with any of the following persons. This includes allowing them to pick up lab information, prescription, other referral information from a Vincent C. Hung, M.D., Inc./ Andrew Breithaupt, M.D. office and to make and receive phone calls regarding my health and or the billing related to the services provided to by Vincent C. Hung, M.D., Inc.

Signature

Date