

Inspired Health Group

3671 Southwestern Blvd. Suite 101, 110 & 213

Orchard Park, New York 14127

Office: 716-662-7008 Fax: 716-662-5226

Name: _____

First

Middle

Last

Address: _____

Street

City

Zip

Birth Date: _____ SS#: _____ Marital Status: S M W D SEP DP

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Preferred Method of Contact (Circle One): Home Work Cell All

Email Address: _____

Do you have a hearing impairment? O Yes O No Details: _____ Do you have a vision impairment? O Yes O No Details: _____

Race: White Black/African American American Indian/Alaska Native Asian Native Hawaii/Pacific Islander Other

Ethnicity: O Spanish/Hispanic Origin O Not of Spanish/Hispanic Origin O Unknown

Language (s) Spoken: Primary: _____ Secondary: _____

Pharmacy Name: _____ Phone Number: _____

Pharmacy Address: _____

Patient Employer: _____

Employer Address: _____

Emergency Contact: _____ Emergency Contact Address: _____

Emergency Contact Phone Number: Home: _____ Cell: _____ Work: _____ Emergency Contact Relationship: _____

Spouse Name: _____

Do you have a health care proxy? O Yes O No If yes, please provide the following information for the proxy.

Name: _____ Address: _____

Phone Number: _____ Relationship: _____

INSURANCE INFORMATION

Primary Insurance: _____

ID #: _____ Group #: _____ Employer: _____

Subscriber Name: _____ Social Security #: _____

Subscriber Date of Birth: _____ Relationship to Subscriber: _____

Secondary Insurance: _____

ID #: _____ Group #: _____ Employer: _____

Subscriber Name: _____ Social Security #: _____

Authorization for Medicare/Insurance Billing

I request that payment of authorized Medicare and/or other insurance company benefits be made payable to Inspired Health Group. I also authorize for Inspired Health Group to release any medical information to the insurance carrier for the sole purpose of processing claims and/or determining benefits. All vaccines will be electronically uploaded into NYSIIS, unless verbally refused. __

Signature of Patient or Responsible Party

Date