

SMA Use Only - Date Received: _____

Sequim Medical Associates, PLLP

840 N 5th Avenue, STE#2100 Sequim, WA 98382

Office (360) 582-2850 Fax (360)582-2851

DATE _____ DOCTOR _____

LEGAL NAME _____ NICKNAME _____
Last First Middle

BIRTHDATE _____ AGE _____ GENDER: M F

PHYSICAL ADDRESS: _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (if different): _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

PREFERRED PHARMACY _____ WORK _____
EMPLOYER _____ PHONE _____

SPOUSE/PARENT _____

PRIMARY INSURANCE CO _____

ID # _____ GRP# _____

SUBSCRIBER NAME _____

DATE OF BIRTH _____ RELATIONSHIP: _____

SECONDARY INSURANCE CO _____

ID # _____ GRP# _____

SUBSCRIBER NAME _____

DATE OF BIRTH _____ RELATIONSHIP: _____

ASSIGNMENT AND RELEASE

For Private Insurance / Medicare Part B / MVA / Work-Related Injury, I the undersigned certify that I (or my dependent) have insurance coverage with _____ and assign directly to Sequim Medical Associates PLLP all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether paid by insurance or not. I hereby authorize Sequim Medical Associates PLLP to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

SIGNATURE _____

DATE _____

(OVER)

Sequim Medical Associates, PLLP

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Office (360) 582-2850 Fax (360) 582-2851

Patient Name: _____

Date of Birth: ____/____/____

EMERGENCY CONTACT

NAME: _____ **PHONE:** _____

RELATIONSHIP _____

Release of Information

I authorize the release of information including the diagnosis, records, examination rendered to me, and claims information. This information may be released to:

Spouse: _____

Child(ren): _____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Other: _____ Phone: _____

Other: _____ Phone: _____

Information is **not** to be released to anyone.

This Release of Information will remain in effect until terminated by me in writing.

Messages

Please call... my home my work my cell number

If unable to reach me:

you may leave a detailed message.

please leave a message asking me to return your call.

The best time to reach me is day(s) _____ between (time) _____

Signed: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____