

**NEW PATIENT INFORMATION**

**Patient Information**

Last Name		First Name			MI	
Street Address						
Zip	City	State	Home Phone ( )	Wk ( )	Cell ( )	
Maiden Name		D.O.B	Sex: M / F		SSN#	
Marital Status	Single	Married	Other	Student (Yes/No)	Full time	Part time
Employer			Employer Address			
Driver's License Number		Primary Care Physician		Primary Care Physician Phone# ( )		
Emergency Contact		Emergency Phone ( )		Relationship:		

**Insurance Information**

Primary Insurance Co.		Insurance#		Group#		
Insured Name:			Insured Address			
Insured Date of Birth:		Home Phone: ( )		Wk Phone: ( )		Sex: M / F
Insured Employer			Relationship of Patient to Insured			
Secondary Insurance Co.		Insurance#		Group#		
Insured			Insured Address			
Insured Date of Birth:		Home Phone: ( )		Wk Phone: ( )		Sex: M / F
Insured Employer			Relationship of Patient to Insured			

**Responsible Party (fill out only if other than the patient)**

Last Name:		First Name:			MI	
Street Address			City	State:	Zip	
Relationship to Patient:		Date of Birth:		SS#	Sex: M / F	
Employer:		Work Phone: ( )		Home Phone: ( )		

**Other Family Members that are Patients of Dennis Dilley M.D., & Gary Dunham PA-C**

Name	Relationship
Name	Relationship

**If you have questions about your charges it is your responsibility to verify your covered benefits and deductible with your insurance company.**

**Payment Policy:**

All professional services rendered are charged to the patient. The patient is responsible for payment regardless of insurance coverage. Full payment is expected at time of each office visit unless arrangements have been made in advance. Billing information will be provided to expedite patient reimbursement from private insurance carriers.

**Authorization of Payment:**

I hereby authorize the provider of services to release medical information concerning my examination and/or treatment for insurance purposes and to receive direct payment for medical benefits payable to me for services rendered.

Patient or Responsible Party Signature: \_\_\_\_\_ Date \_\_\_\_\_