

ALPINE ENT

1120 East Elizabeth Street ~ Fort Collins, Co ~ (970) 221-1177 / 3820 North Grant Avenue ~ Loveland, CO ~ (970) 593-1177

PATIENT INFORMATION

Name: _____

Patient ID #: _____

Sex: M F

Address: _____

Date of Birth: _____

Social Security #: _____

City, State, Zip: _____

Marital Status: Married Single Divorced Widowed

Phone: _____ Home Work Other

Referring Physician: _____

Phone: _____ Home Work Other

Primary Physician: _____

PATIENT EMPLOYMENT Employed Retired Unemployed

CONTACTS Name, phone & Relationship i.e. Family Pharmacy etc.

Employer: _____

Phone: _____

Address: _____

City,State,Zip: _____

GUARANTOR Same as Patient

EMPLOYMENT

Name: _____

Employer: _____

Address: _____

Phone: _____

Social Security #: _____

City,State,Zip: _____

Date of Birth: _____

PRIMARY INSURANCE Same as Patient Same as Guarantor other

Insured Party: _____

Company: _____

Insured Phone: _____

Social Security #: _____

Date of Birth: _____

Insured ID: _____

Relationship to Patient: _____

Policy Group: _____

SECONDARY INSURANCE Same as Patient Same as Guarantor Other

Insured Party: _____

Company: _____

Insured Phone: _____

Social Security #: _____

Date of Birth: _____

Insured ID: _____

Relationship to Patient: _____

Policy Group: _____

Patient Signature: _____

Date: _____

Parent or Legal Guardian if Minor

Okay to leave messages at provided phone numbers: _____ Email Address: _____

Opt In to receive educational and/or marketing information on the products and services offered at Alpine ENT: _____

- You may choose not to participate or opt out at any time in-person, via telephone or by checking here: _____

It is the policy of this office to bill any balance that is deemed patient responsibility to the parent/guardian who authorized treatment.