



## Patient Information

**ALL OF THE INFORMATION REQUESTED ON THIS PAGE IS NEEDED SO THAT WE CAN PROVIDE YOU WITH THE BEST POSSIBLE CARE. PLEASE COMPLETE EACH PART OF THIS FORM SO THAT WE CAN HAVE COMPLETE INFORMATION ON YOU. THANK YOU!**

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MARITAL STATUS: S \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

**PHARMACY NAME/PHONE NUMBER:** \_\_\_\_\_

### **GUARANTOR INFORMATION:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

GUARANTOR SOCIAL SECURITY #: \_\_\_\_\_

### **IN CASE OF EMERGENCY, NOTIFY:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

HOW WERE YOU REFERRED? \_\_\_\_\_



IF YOU HAVE MEDICAL COVERAGE, PLEASE FURNISH US WITH YOUR CARD/CARDS AND DRIVERS LICENSE TO COPY FOR YOUR FILE.

IF YOUR INSURANCE REQUIRES A CO-PAY, PLEASE PAY AT THE TIME OF SERVICE. IT IS OUR PLEASURE TO PROVIDE YOU WITH YOUR MEDICAL NEEDS. OUR POLICY IS TO RECEIVE PAYMENT AT THE TIME OF SERVICE UNLESS YOU ARE A MEDICARE OR MEDICAID PATIENT. PLEASE INDICATE BELOW YOUR METHOD OF PAYMENT.

CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

I HEREBY ASSIGN PAYMENT OF MEDICAL BENEFITS TO TEXAS LIVER CONSULTANTS FOR ALL SERVICES RENDERED. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES, WHETHER OR NOT PAID BY THE ABOVE SAID INSURANCE COMPANIES.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**PLEASE LIST PEOPLE WITH WHOM WE CAN DISCUSS YOUR CARE WITH AND LEAVE MESSAGES.**

1 \_\_\_\_\_ PHONE #: \_\_\_\_\_

2 \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAY WE LEAVE MESSAGES ON YOUR VOICEMAIL REGARDING YOUR CARE? ( )YES ( )NO  
*(Please understand that if we cannot leave messages, it will be your responsibility to initiate contact with us regarding follow up of lab, appointments, etc).*