

# New Patient Form



4101 I-69 ACCESS SUITE M-1A  
CORPUS CHRISTI, TX 78410  
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Please fill out this form completely and accurately. Providing complete and accurate information will help us process your insurance claims efficiently. Please email a copy of the front and back of your insurance card(s). If you have any questions, please don't hesitate to ask our staff for assistance.

## Patient Information

Full Name:

Social Security Number:

Date of Birth:

Email Address:

Address:

Reason for Appointment:

City, State, Zip Code:

Phone Number:

## Primary Insurance Information

Insurance Company Name:

Policy Number/Subscriber ID:

Insurance Company Address:

Group/Member Number:

Insurance Company Phone:

Policy Holder Social Security Number:

Policy Holder Name:

Relationship to Patient:

Policy Holder Date of Birth:

Employer Name:

**As per our policy: We will collect 25% of the appointment cost from new patients the day of their appointment. If a patient is uninsured, we will collect in full.**