

# New Patient Form

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:

Phone Number:

Date of Birth:

Social Security Number:

Address:

Email Address:

City, State, Zip Code:

Reason for Appointment:

## Primary Insurance Information

Policy Holder Name:

Insurance Company Name:

Policy Holder Date of Birth:

Insurance Company Address:

Policy Holder Social Security Number:

Insurance Company Phone:

Relationship to Patient:

Policy Number/Subscriber ID:

Employer Name:

Group/Member Number:

**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.**

**Dr. Thompson does not participate in insurance "in-network" contracts. However, most insurance companies provide reimbursement for services rendered in our office regardless of network status. Insurance coverage and payment amounts are determined by the insurance company after claims are submitted. For this reason, coverage and patient responsibility cannot be confirmed until claims have been processed.**