

Internal Medicine Associates

8895 BROADWAY • MERRILLVILLE, INDIANA 46410 • (219) 738-2081 • Fax (219) 736-4658

PATIENT INFORMATION

Patient Information

PATIENT - Last Name		First Name		MI	Social Security #	Date of Birth
Street Address					City	State
Zip Code	Country	Home Telephone # ()	Work Telephone # ()	Ext.	Cell Phone # ()	
Sex M F	Employer:		Employer Address			
Language			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other _____ <input type="checkbox"/> Patient decline to answer						
E-mail:			How may we contact you regarding medical information, test results, etc.? <input type="checkbox"/> Call my home <input type="checkbox"/> Call my work <input type="checkbox"/> Call my cell phone <input type="checkbox"/> Other _____			
Emergency contact name and number (Outside of your Home):						

Referring Physician

Last Name	First Name	MI	Telephone # ()			
Street Address			City	State	Zip Code	

Person Responsible for Bill (Omit if Same as Patient Information)

Last Name	First Name	MI	Social Security #	Date of Birth	
Street Address			City	State	
Zip Code	Country	Home Telephone # ()	Work Telephone # ()	Ext.	Cell Phone # ()
Sex M F	Employer:		Employer Address		
Relationship to Patient			E-mail		

Primary Insurance

Secondary Insurance

Insurance Co. Name		Telephone# ()	Insurance Co. Name		Telephone # ()
Address to Mail Claim			Address to Mail Claim		
City	State	Zip Code	City	State	Zip Code
Name of Insured			Name of Insured		
Date of Birth	Social Security #		Date of Birth	Social Security #	
Group #	Policy #		Group #	Policy	