



Fox Valley Wellness Center | 180 Knights Way Fond du Lac, WI 54935 | PH: 877-676-LIFE (5433) or 920-922-LIFE (5433)

Patient Demographics

Patient Name: _____ DOB: ____/____/____

Address: _____
Street City State Zip Code

Marital Status: S / M / D Sex: Male / Female Last 4 digits of SS # _____ Cell # _____

Daytime Phone # _____ Email Address: _____

Responsible Party for Medical Expenses

____ Parent ____ Spouse ____ Self (if self, go to insurance section) Phone # _____

Parent or Spouse's Name: _____ DOB: ____/____/____ Last 4 digits of SS# _____

Address: _____ Employer: _____

Medical Insurance Company

Primary Insurance: _____ Group# _____ ID# _____

Subscriber Name: _____ DOB: ____/____/____ Effective Date: ____/____/____

Secondary Insurance: _____ Group# _____ ID# _____

Subscriber Name: _____ DOB: ____/____/____ Effective Date: ____/____/____

Emergency Contact

Name: _____ Relationship: _____ Ph # _____

Address: _____
Street City State Zip Code

Authorization for Release of Information

Authorization is hereby granted to release to the above named Insurance Company. Such information may be necessary for the completion of my clinic claims. I understand I am financially responsible for charges not covered by insurance and assign any insurance benefits to above said clinic.

Signature: _____ Date: _____

Who do we thank for referring you to us today? _____