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

Patient Demographics 2019

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? ____