



# PHOENIX

7105B Bailey Creek Circle, SE • Huntsville, AL 35802

[www.PhoenixEmergencyCare.com](http://www.PhoenixEmergencyCare.com)

(256) 882-PHNX

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## Patient Identity

Last \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M o F o Marital Status: S o M o D o W o

SS#: \_\_\_\_\_ Employed: FT o PT o Retired o Disabled o Student o Child o

**Reason for Today's Visit:** \_\_\_\_\_

## Patient Contact Information

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Other \_\_\_\_\_

## Insured Party (Copy of Insurance Card[s] required):

Name: \_\_\_\_\_ SS # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: M o F o Relationship to Patient: Self o Spouse o Parent o Other \_\_\_\_\_

**Patient or Guarantor is responsible for co-pay, deductibles and other uncovered charges.**

## Responsible Party Information

Name \_\_\_\_\_ SS # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: M o F o Relationship to Patient: Self o Spouse o Parent o Other \_\_\_\_\_

Phone No. \_\_\_\_\_ Address \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

**Method of Payment:** Credit card o Cash o Check o

## Emergency Contact

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

## Insurance Authorization, Assignment and Financial Responsibility:

I hereby authorize **Phoenix Emergency Care** to furnish information to insurance carriers concerning my illness and treatment, and I hereby assign to **Phoenix Emergency Care** all payments for medical services rendered to my dependents or myself. I understand that I am responsible for any amount not covered or paid by insurance. I understand that a **\$35 per month late fee** is added to all accounts over 30 days. I agree to pay all late fees and interest for delinquent accounts, as well as costs of collection, including legal fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you find out about **PHOENIX** Emergency Care? o Been Here before o Billboard o Facebook o Google o Health Fair o Mailer o Newspaper o Radio o Online o TV o Yellow Pages o Word of Mouth: From o Family o Friend o Co-Worker o Other