



PHOENIX

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

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