

Patient Information

Last Name	First Name	Middle Name	Gender M F	Date of Birth
Social Security Number	Home Phone #		Cellular Phone #	
Work Phone #	Ext	Race	Ethnicity	Martial Status S M W
Home Address	Apt #	City	State	Zip Code
Driver License # or ID #	Email			

Responsible Party (Parent/Guardian) - Guarantor Information

Last Name	First Name	Middle Name	Gender M F	Date of Birth
Social Security Number	Home Phone #		Cellular Phone #	
Home Address	Apt #	City	State	Zip Code
Driver License # or ID #	Work Phone #	Ext	Email	

Primary Insurance Information

Insurance Company Name	Policy Holder	ID#	Group #
Social Security Number	Date of Birth	Relationship	Employer
Claim's Address	City	State	Zip Code

Secondary Insurance Information

Insurance Company Name	Policy Holder	ID#	Group #
Social Security Number	Date of Birth	Relationship	Employer
Claim's Address	City	State	Zip Code

Assignment of Benefits

I hereby assign to SAMG any insurance or other third-party benefits available for health care services provided to me. I understand that SAMG has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to SAMG, I agree to forward to SAMG all the ins and +other third-party payments that I receive for services rendered to me immediately upon receipt.

Signature of Insured Date

Release of Information

I hereby authorize Physician to release any information acquired in the course of my examination or treatment. (Insurance company or other healthcare providers.)

Signature of insured Date

Guardian Information

If unable to bring minor to clinic, please list below names of individuals who are authorized to bring minor for office visit.

Print Name	Relationship
Print Name	Relationship

Referral Source (Required)

How did you hear about us?

<input type="checkbox"/> Insurance Company	<input type="checkbox"/> Someone referred you: _____
<input type="checkbox"/> Health Fair	<input type="checkbox"/> Drove by _____
<input type="checkbox"/> Patient's Liaison: Elizabeth Trevino	<input type="checkbox"/> Other _____