Zen Acupuncture

1780 Town & Country Drive suite A-102, Norco, CA 92860 / ☏ (951) 270-0036 / Fax (951) 270-0023
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PATIENT CONFIDENTIAL INFORMATION

Fields are Mandatory / No P.O.Box Address

Health ( ) Worker's Comp ( ) Auto ( ) Medical ( ) Secondary ( ) Traveler's ( ) Student ( ) Other ( )

Name_______________________________________ Gender: M / F SSN: _______/_______/____________

Date of Birth: _______/ _______ / _______ Age:_______ Marital Status: Married ( ) Single ( ) Other ( )

Address____________________________________City___________________State ________Zip_____________

Phone No: Home:__________________________ Work:__________________________ Cell:________________________

Occupation: ______________________________ e-mail: ____

Drivers Lic No:__________________________Referred by: ____________________PCP Name:_____________________

Insured person's information

Name:____Address:____

City:______________________________State:_______________Zip:_____________Phone No:_____________________

D.O.B._____/_____/_______ SSN: _____/_____/________ Relationship to Patient: Self ( ) Spouse ( ) Dependent ( )

Insured persons employer:____ Phone No: ______________________________

Name of Ins Co:__________________________________ Policy No:_____________________Group No:________________

In case of emergency contact Name:______________________Relationship: ________________ Phone:_________________

ASSIGNMENT OF BENEFITS

I hereby understand and agree to assign the full insurance benefit payments to which I am entitled directly to Zen Acupuncture. This assignment may not be superseded by any other claim for assignment of benefits and may only be revoked in a writing signed by both assignor and assignee. A photocopy of this authorization is accepted with the same authority as the original.

__________________________________ ________/________/________
Insured's or authorized person's signature Date