

Demographics/Financial Agreement

Patient: _____ SSN: _____ DOB: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Appointment Reminders: Text Email PhoneMarital Status: Single Married Divorced Separated Gender: _____

Race/Ethnicity:

_____ African American _____ Asian _____ Caucasian _____ Hispanic _____ Native American

_____ Pacific Islander _____ Other

Employer: _____ Employer Phone: _____

School: _____ School Phone: _____

Primary Care Physician: _____

Address: _____

MD Phone: _____

Were you referred to AHC? _____ If so, by whom: _____

Legal Status: Probation Parole Pre-trial No current legal involvement

Legal History (specify charges): _____

Insurance Company: _____ Subscriber DOB: _____

Policy Number: _____ Group Number: _____

Subscriber Name: _____ Insurance Phone: _____

Emergency Contact: In the case of an emergency I consent that an AHC staff member may contact this person.

Name: _____ Relationship: _____

Phone: _____ Address: _____

Payment is due at time of service by check or credit card. A \$40.00 fee will be charged for all checks returned by the bank for NSF or any other reason. Any costs incurred in the collections of delinquent payments will be added to the original charges in addition to a \$25.00 administration fee. Interest charges will be incurred at the rate of 1.5% monthly for debt over 30 days late.

Patient Signature _____ Date: _____

Staff Signature: _____ Date: _____

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"This information has been disclosed to you from records whose confidentiality is protected by State: Section 5328, Welfare and Institutions Code; and/or Federal Law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose."