

MIDTOWN SPORTS MEDICINE

ERIC S. FURIE, M.D.

285 Boulevard NE. Suite 310, Atlanta, Ga. 30312, (404)522-5828

Today's Date: _____

Referred By: _____

*****PATIENT INFORMATION*****

Patient Name: _____ Birthdate: ____/____/____ Age: _____

Last First MI

Social Security _____ - _____ - _____ Sex: Male Female Marital Statue: _____

Home Address: _____

Mailing Address(if Different): _____

City _____ State _____ Zip Code _____ County _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer Name & Address _____ Occupation _____

Spouse Name _____ Birthdate ____/____/____ SSN _____

Spouse Employer Name _____ Work Phone _____

*****PAYOR OF ACCOUNT*****

Name _____ Relationship _____ SSN _____

Address _____

Billing Address(If Different) _____

Home Phone _____ Cell _____ Work _____

Employer Name & Address _____

*****CONTACT INFORMATION*****

Emergency Contact _____ Relationship _____

Home Phone _____ Cell _____ Work _____

*****INSURANCE INFORMATION*****

Primary Insurance Name _____ Policy Holder _____

ID# _____ Group# _____ Effective Date _____

Secondary Insurance Name _____ Policy Holder _____

ID# _____ Group# _____ Effective Date _____

Auto Related ___ Yes ___ No Pending Litigation ___ Yes ___ No

Atty Name _____ Phone Number _____

*****SIGNATURE OF AUTHORIZATIONS*****

ASSIGNMENT FOR TREATMENT- Permission is hereby given for medical treatment as may be deem advisable or necessary by the medical staff of Midtown Sports Medicine.

Signature: _____

Date: _____

RELEASE OF MEDICAL INFORMATION - I authorize the release of any medical or other information necessary to process claims pertaining to my medical treatment.

Signature _____

Date _____

ASSIGNMENT OF BENEFITS: I authorize payment of medical benefits to Midtown Sports Medicine, or our authorized billing service. I understand it is my responsibility to inform this office of any change in my insurance service.

Signature _____

Date _____

IF ABOVE PATIENT IS A MINOR: I authorize the staff to perform the necessary medical services my child may need.

Signature _____

Date _____