



New Patient Information Intake Sheet

Information will be reviewed the following business day. Potential patient will receive a call back within 72 business hours stating that we participate with their insurance and to schedule a New Patient appointment.

Name: _____ **DOB:** _____
(Legal name on driver's license)

Address: _____ **City:** _____ **Zip Code** _____

Phone Number: _____

E-mail: _____

Preferred Contact Method (e-Notify): Phone Call, text, or email
(Circle one)

Primary Insurance	Member ID	Group #	Claims Address (back of card)
Secondary Insurance	Member ID	Group #	Claims Address (back of card)
Tertiary Insurance	Member ID	Group #	Claims Address (back of card)

Does the patient have a Medicare Advantage Plan? YES NO
(Circle one)

Preferred Pharmacy: _____

Office Use Only

Previous/New Account # _____

Approved By: _____