



Surgical Associates

PATIENT INFORMATION

Today's Date: _____ Referring Physician/ Phone #: _____

Primary Care Physician/ Phone #: _____

Last Name: _____ First Name: _____ Middle Initial _____

Address: _____

City: _____ State: _____ Zip Code: _____ Sex: M _____ F _____

Email: _____ Primary Language: _____ Ethnicity: _____ Race: _____

Age: _____ DOB: _____ Home Ph: _____ Cell Ph: _____

Marital Status: Married _____ Single _____ Divorced _____ Domestic Partner _____ Widowed _____

Patient's Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Primary Insurance Information

Insurance Name: _____ Co-Payment:\$ _____

Policy Holder/Subscriber Name: _____ Relationship: _____ DOB: _____

Insurance Address: _____

City: _____ State: _____ Zip Code: _____

Insurance ID # or Social Security #: _____ Group/Plan #: _____

Secondary Insurance Information

Insurance Name: _____ Co-Payment:\$ _____

Policy Holder/Subscriber Name: _____ Relationship: _____ DOB: _____

Insurance Address: _____

City: _____ State: _____ Zip Code: _____

Insurance ID # or Social Security #: _____ Group/Plan #: _____

Responsible Party/ Responsible for Payment: Self _____ Spouse _____ Parent _____ Other _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Responsible Party's Employer: _____ Employer Phone Number: _____

Employer Address: _____

I understand that I am personally responsible for all charges by my physician whether or not paid for by insurance and guarantee payment of the bill. I authorize payment of the medical benefits directly to the physician. I also authorize release of medical or other information to my insurance company

Signature Required

Date

Providence St Vincent
9427 SW Barnes Rd, Suite 599
Portland, OR 97225-6652
P:(503)292-1103 F:(503)292-1433

Surgery Center at Tanasbourne
18650 NW Cornell Rd, Suite 212
Portland, OR 97124
P:503-292-1103 F:503-292-1433

Providence Bridgeport Health Ctr
18040 SW Lower Boones Fry Rd #207
Tigard, Oregon 97224
P:503-292-1103 F:503-292-143