



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 Vincents
9155 SW Barnes Rd, Suite 830
Portland, OR 97225
P:(503)292-1103 F: (503)292-1433

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

Good Samaritan, Bldg 1
2222 NW Lovejoy Suite, 522
Portland, OR 97210
P:(503)292-1103 F: (503)292-1433