

Midwest Thoracic Surgeons, P.C.

3577 W. 13 Mile Rd. Suite 301
Royal Oak, MI 48073
(248) 551-0669

PATIENT INFORMATION

Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Home Telephone # _____ Cell # _____

Date of Birth _____ Sex: M / F (circle one) Marital Status: M S D W (circle one)

Emergency Contact: _____

Relationship to you _____

Employed by: _____

Occupation _____ Work phone # _____

REFERRAL INFORMATION

Whom may we thank for referring us? _____

If Dr., please give phone #

Primary Care Physician: _____ Phone # _____

Doctor's Address: _____

INSURANCE INFORMATION

Primary Insurance _____ Secondary Insurance _____

****If your spouse is the Subscriber to the insurance, please give the following information:**

Spouse Name _____ DOB _____

Soc. Sec. # _____

ASSIGNMENT & RELEASE

I, the undersigned certify that I or my dependant, have insurance coverage with the above named insurance(s). I assign directly to Midwest Thoracic Surgeons all insurance benefits. If any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure payment of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature Relationship to patient Date