



2940 FM-407 • Suite 302
 Highland Village, TX 75077
 972-966-1980

Patient Information

Today's Date _____

Patient Information			Person Responsible For the Bill		
Name <small>Last</small>	<small>First</small>	<small>Mi</small>	Name <small>Last</small>	<small>First</small>	<small>Mi</small>
Mailing Address <small>Apt. No.</small>			Mailing Address		
City:			City:		
State:		ZIP:	State:		ZIP:
Home Phone:			Home Phone:		
Work Phone:			Cell Phone:		
Cell/Other Phone:			Work/Other Phone:		
Email Address:			Email Address:		
Date of Birth (Required)		Social Security Number (Required)	Date of Birth (Required)		Social Security Number (Required)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			

Emergency Contact Information

Name:	Phone:	Relationship:
May we discuss your condition and/or treatment, which may include physician orders or test result, with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Insurance

Insurance Company Name	Co-Pay _____ <input type="checkbox"/> Self-pay	Relation of Policy Holder to Patient <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> _____	
Group Number/ID	Subscriber ID	Name of Policy Holder (Required)	Date of Birth (Required)
		SSN:	

Please tell us how you heard about Rapid-Med by checking all that apply. Thank you!

<input type="checkbox"/> The Dallas Morning News ___ Metro ___ Neighbors <input type="checkbox"/> The News Connection <input type="checkbox"/> The Argyle/Flower Mound Messenger <input type="checkbox"/> All About Flower Mound <input type="checkbox"/> Lewisville Leader/Flower Mound Leader <input type="checkbox"/> Lantana Live <input type="checkbox"/> Lantana Links.com <input type="checkbox"/> Community Neighborhood Newsletter (such as Wellington Word)	<input type="checkbox"/> Housewarmers <input type="checkbox"/> AMC 12 Highland Village Advertising Phone Books: <input type="checkbox"/> Lone Star Pages <input type="checkbox"/> Area Wide Directory <input type="checkbox"/> A friend or relative told me about Rapid-Med _____ <input type="checkbox"/> I drove by and saw your sign <input type="checkbox"/> Other _____
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www.rapidmedonline.com

I certify the above information is correct to the best of my knowledge. I also understand that I am financially responsible for all charges whether or not covered by insurance.

Signature _____ Date _____