EASTERN CAROLINA E•N•T – HEAD AND NECK SURGERY

Paul S. Camnitz, MD • Marcus S. Albernaz, MD • Eric O. Lindbeck, MD
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Referring Doctor:______________________ Address:__________________ Chart #:______________

Pt. Complaint:______________________________ Drug Allergies:______________________________

PATIENT INFORMATION Cell Phone:______________

Last Name First MI	Age	Date of Birth	Race & Sex	Marital Status	Social Security Number

Mailing Address	City	State	Zip	Home Phone

Employed By:______________________ Occupation:______________________

Employer's Address:______________________ Business Phone:______________________

City:______________ State:______________ Zip:______________

Person Responsible for Account:______________ Relation:__________ Phone:__________

Address:______________________ Work Phone:__________ Cell Phone:__________

In Case of Emergency Contact:______________ Relation:______________ Phone:__________

Drug Store:__________ Location:______________ Family Doctor ______________

PARENT / SPOUSE INFORMATION

Parent / Spouse Name	Date of Birth	Social Security Number

Employed By:______________________ Occupation:______________________

Employer's Address:______________________ Business Phone:______________________

City:______________________ State:__________ Zip:__________

PRIMARY INSURANCE INFORMATION

Insurance Name:____

Insurance Address:____

Employer/Company Name ______________________ City & State:______________

Insured's Name:______________ Date of Birth ______________ Relation to Patient:______________

Insured Insurance ID Number:____

Policy Number:______________________ Group Number:______________________

SECONDARY INSURANCE INFORMATION

Insurance Name:____

Insurance Address:____

Employer/Company Name ______________________ City & State:______________

Insured's Name:______________ Date of Birth ______________ Relation to Patient:______________

Insured Insurance ID Number:____

Policy Number:______________________ Group Number:______________________

ACCIDENT INFORMATION

Type of Accident:____

Date of Accident:______________________ Work Related?:______________________

Brief Description of Accident:____

Court Case:______________________ Attorney's Name:______________________

PLEASE COMPLETE REVERSE SIDE • PLEASE GIVE YOUR INSURANCE CARDS TO THE RECEPTIONIST

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Eastern Carolina E·N·T - Head and Neck Surgery, Inc. to release information requested by my insurance company or Worker's Compensation Carrier. I also authorize Eastern Carolina E·N·T - Head and Neck Surgery, Inc., to release information to any hospital or physician I may be referred by this office.

Signature:______________________________

Date:______________________________

Relationship to Patient:______________________________

ASSIGNMENT OF BENEFITS

I hereby authorize assignment and payment directly to Eastern Carolina E·N·T - Head and Neck Surgery, Inc., major medical benefits due me.

I HEREBY AGREE TO PAY ANY AND ALL CHARGES THAT ARE NOT COVERED BY INSURANCE.

Signature:______________________________

Date:______________________________

Relationship to Patient:______________________________

We request fees for office services and visits at the time the service is rendered.

Dear Patient,

Our office is a teaching facility for the East Carolina University School of Medicine, therefore, on many occasions you will be observed by medical students and residents. We feel this benefits not only the students and residents but our patients as well because they may contribute valuable input to your care. We would like to stress, however, that each patient will be seen by the doctor in our office with whom you have made the appointment.

If you do not wish to participate in our teaching program and do not wish to be seen by a student or resident, please inform the receptionist when you return this form to the window.

Our patient volume is quite heavy, but we do not want our patients to feel they have been rushed or received less than quality care. If you do not understand any aspect of your visit to the doctor or have questions at any time during the examination, please do not be afraid to interrupt the doctor to ask questions regarding your care.

Please be aware that we are Head & Neck Surgeons, and on occasion may be called away on emergencies or running late due to hospital patient care. We will make every attempt to keep you informed and offer prior rescheduling when necessary.

Sincerely,
Eastern Carolina E•N•T- Head and Neck Surgery, Inc.