

AR K A N S A S

# QUICK CARE

UR G E N T C A R E A N D W A L K - I N C L I N I C

PRINT LEGIBLY in BLUE or BLACK INK

Patient Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: F / M Marital Status: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Is the reason for visit work or motor vehicle related? Y / N

Has the patient been seen here before? Y / N

Cell Phone \_\_\_\_\_ Consent to call or text? Y / N

Home Phone \_\_\_\_\_ Consent to call? Y / N

Email \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Do you have insurance? Y / N

Primary Insurance \_\_\_\_\_ ID \_\_\_\_\_ Group \_\_\_\_\_

Policy Holders Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Policy Holders DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Policy Holders SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ ID \_\_\_\_\_ Group \_\_\_\_\_

Policy Holders Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Policy Holders DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Policy Holders SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you covered under any other insurance policies? \_\_\_\_\_ YES \_\_\_\_\_ NO

Ethnicity Hispanic / NOT Hispanic Preferred Language \_\_\_\_\_

Race Native American Asian Black or African American White Hawaiian or Pacific Islander Other: \_\_\_\_\_

Emergency Contact/Release Information To \*If the patient is a minor please list parent(s) names\*

1. \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

I understand that this practice does NOT accept Medicaid. Therefore if I have Medicaid as Primary or Secondary insurance I acknowledge that I am responsible for charges. By signing this, I am giving my consent for the provider to retrieve my prescription history electronically. There will be a \$25.00 charge for failure to notify the office of a cancellation 24 hours prior to the appointment time for all PCM patients.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_