## **NEWPORT PULMONARY AND ENDOCRINE ASSOCIATES**

## PATIENT ACCOUNT INFORMATION

		I. PATIEN	IT			
PATIENT NAME:				■ MALE	FEMALE	
	LAST	FIRST	M.I.			
PATIENT'S ADDRESS:						_
	STREET	CITY	STA <sup>-</sup>		ZIP CODE	
HOME PHONE: ()	CELLI	PHONE: ()	LE	AVE MESSAGE	::(	
PRIMARY CARE PHYSICIAN:_						-,
MARITAL STATUS: SING	_	_	WIDOWED	DATE OF B	IRTH:/	_/
PATIENT EMAIL ADDRESS:						_
ETHNICITY:						
	OCCUPATION:					
EMPLOYER ADDRESS:			EMPLOYER I	PHONE: (	_)	
		II. RESPONSIBL	E PARTY			
NAME:				MALE	FEMALE	
	LAST	FIRST	M.I.	_	_	
ADDRESS:						_
	STREET	CITY	STA	ГЕ	ZIP CODE	
HOME PHONE: ()		CELLPHONE: (	)			
MARITAL STATUS: SING	SLE MARRIED	DIVORCED	WIDOWED	DATE OF B	IRTH:/	_/
EMPLOYER NAME:			EMPLOYER I	PHONE: (	_)	
EMPLOYER ADDRESS:						
	III. ACKNOWI F	GEMENT OF NOTIC	CE OF PRIVACY	PRACTICES		
request a copy of the Notice of Priv  Signature of Patient/P		WA	-		Date	
Signature of Fatienty i	atient Representati	IV. EMERGENCY	CONTACT		Date	
NAME OF CONTACT DEDCOM				T ATIONCLUD.		
NAME OF CONTACT PERSON			KI	ELATIONSHIP:		<del></del>
ADDRESS:	STREET	CITY	STA		ZIP CODE	_
HOME PHONE: ( )		PHONE: ( )		AVE MESSAGE		
HOWE PHONE. ()	CELL	PHONE. ()		AVE WESSAGE	(	
		V. APPOINTMEN				
it you are unable to keep an app			= = = = = = = = = = = = = = = = = = = =		nessage with our	exchange
service. There will be a \$50.00 c	harge for no shows a	nd cancelations less	than 24 hours in	advance.		
I hereby assign my insurance benefi	its to be made directly t	o my physician and any	assisting physicia	ns. for services re	ndered. I hereby at	test and
understand that I am responsible fo						
for all charges that are not covered $$	by my insurance compa	any. I understand that I	will be charged a 3	L% finance charge	on all accounts ov	er 90 days. I also
hereby authorize the release of all i						
and further treatment of care by an					_	•
the time services are rendered. All o	charges are the direct re				ne assumption that	out charges will
	Incurance is an agreem				roblome collecting	
	Insurance is an agreem s. collection agency cos				_	payment from
agree to hereby give consent for tre	s, collection agency cos				_	payment from
	s, collection agency cos				_	payment from
	s, collection agency cos				_	payment from