EASTERN CAROLINA E-N-T- HEAD AND NECK SURGERY

Paul S. Camnitz, MD • Marcus S. Albernaz, MD • Eric O. Lindbeck, MD
P. Bradley Brechtelsbauer, MD • Brian N. Brodish, MD
Jonathan R. Workman, MD • Jamie S. Grubey, MD

Eastern Carolina Ear, Nose & Throat- Head & Neck Surgery, PA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

NOTICE: Please carefully and completely fill out this form. For your convenience, the information we currently obtain is provided below. The areas that are blank are indications of information that we do not have on file. Therefore, it is important for you to complete this information for us. If the information we currently have listed is incorrect, please kindly mark through the incorrect information and provide the correct information. When you have completed this form, please hand to the receptionist along with insurance cards and picture ID (we do not need picture ID for minors).

PATIENT INFORMATION: **MEDICAL RECORD#:**

USUAL PROVIDER:

Name:		
Date of Birth:	**Age:**	
Social Security Number:		***Please list SSN
Mailing Address:		
City:		
State:		
Zip:		
Home Phone:		
Cell Phone:		
Email:		

Please complete reverse side - Please give your insurance cards to the receptionist

Race:
Sex:
Marital Status:
Drug Store & Location: *****Please provide drug store**
Family Doctor:
Referring Doctor:

GUARANTOR:

Person Responsible for Account:
Relationship to Patient:
Address:
Home Phone:
Cell Phone:

EMERGENCY CONTACT:

Emergency Contact:
Relationship to Patient:
Home Phone:
Cell Phone:

PRIMARY INSURANCE INFORMATION:

Subscriber Name:
Subscriber Date of Birth:
Relationship to Patient:
Insurance Name:
Policy Number:

Group Number:
Employer Company Name:
Employer Address:

SECONDARY INSURANCE INFORMATION:

Subscriber Name:
Subscriber Date of Birth:
Relationship to Patient:
Insurance Name:
Policy Number:
Group Number:
Employer Company Name:
Employer Address:

PATIENT EMPLOYEMENT INFORMATION:

Employed By:		
Employer's Address:		
City:	**State:**	**Zip:**
Business Phone:		
Occupation:		

Please complete reverse side - Please give your insurance cards to the receptionist

AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby authorize Eastern Carolina ENT - Head and Neck Surgery, Inc. to release information requested by my insurance company or Worker's Compensation Carrier. I also authorize Eastern Carolina ENT - Head and Neck Surgery, Inc. to release information to any hospital or physician I may be referred to by this office.

Signature: _____ Date: _____

Relationship to Patient: _____

ASSIGNMENT OF BENEFITS:

I hereby authorize assignment and payment directly to Eastern Carolina ENT - 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 same 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 any 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 any 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 ENT - Head and Neck Surgery, Inc

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 252-752-5227.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 252-752-5227.