

# Diabetes And Endocrine Center Of MS

P O Box 2153 Dept 1975  
 Birmingham, AL 35201-2153  
 (601) 948-7313

## PATIENT INFORMATION

NAME (Last, First Middle)			MRN	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS		CITY, STATE ZIP		REFERRING PHYSICIAN	SECONDARY/BILLING ADDRESS		ETHNICITY
HOME PHONE	DAY PHONE	EMAIL ADDRESS		PRIMARY CARE PROVIDER	CITY, STATE ZIP		RACE
MARITAL STATUS	STUDENT STATUS <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	SMOKER (Y/N)?	VETERAN (Y/N)?	EMERGENCY CONTACT NAME		CONTACT PHONE	HOME PHONE
PRIMARY EMPLOYER				SECONDARY EMPLOYER (if Applicable)			
ADDRESS				ADDRESS			
CITY, STATE ZIP				CITY, STATE ZIP			
WORK PHONE				WORK PHONE			

## RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)			SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS		CITY, STATE ZIP		SECONDARY/BILLING ADDRESS (if Applicable)		
HOME PHONE	DAY PHONE	EMAIL ADDRESS		CITY, STATE ZIP		
MARITAL STATUS	STUDENT STATUS <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	SMOKER (Y/N)?	VETERAN (Y/N)?	PRIMARY CARE PROVIDER	HOME PHONE	
RELATIONSHIP TO PATIENT						

## PRIMARY INSURANCE

NAME OF INSURANCE COMPANY			POLICY#			
NAME OF INSURED			GROUP#			
ADDRESS OF INSURANCE COMPANY			COPAY AMT \$			
CITY, STATE ZIP		PHONE	DEDUCTIBLE \$			
RELATIONSHIP TO PATIENT			EFFECTIVE DATE		EXPIRATION DATE	

## SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY			POLICY#			
NAME OF INSURED		SSN#	BIRTHDATE	GROUP#		
ADDRESS OF INSURANCE COMPANY			COPAY AMT \$			
CITY, STATE ZIP		PHONE	DEDUCTIBLE \$			
RELATIONSHIP TO PATIENT			EFFECTIVE DATE		EXPIRATION DATE	

I authorize the release of any medical information that is necessary to process a claim to my insurance company. I will give the physician permission to release my medical records to any physician that is necessary for my treatment.

I have received a copy of DECM's Privacy Policy

I give my permission to release lab results or information regarding my health to: \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF PATIENT/GUARDIAN

\_\_\_\_\_  
DATE