

Plum Creek Medical Group

DEMOGRAPHIC SHEET

Patient Name:	Last
Name:	First Middle Initial
Address 1:	
Address 2:	
City:	
State:	
Zip	
Home Phone	
Cell Phone	

Social Security #	
Date of Birth:	
Age:	
Sex:	Female or Male (circle)

E-mail address

Preferred Contact#

How do you prefer we contact you? (circle)

Web	Mail	Phone
Message		

Employer	
Address	
City, State, Zip	
Work Phone	

Emergency Contact Name:

Emergency Contact Phone#:

Marital Status Single Married Widowed Divorced (circle)

Preferred Language: English Spanish Other (circle)

Race: (circle)

White
Black
Hispanic
Native American
Asian
Native Hawaiian
Pacific Islander
Other
Refuse to Report

Ethnicity: (circle)

Hispanic or Latino
Non-Hispanic or Latino
Other
Refuse to Report

Please present receptionist with a photo ID along with any and all current insurance cards and information. Thank you.

Guarantor Information (if other than patient)

Patient Name:	<i>Last</i>
	<i>First</i> <i>Middle Initial</i>
Address 1:	
Address 2:	
City:	
State:	
Zip	
Home Phone	
Cell Phone	

Social Security #	
Date of Birth:	
Age:	
Sex:	Female or Male (<i>circle</i>)

E-mail address

Employer	
Address	
City, State, Zip	
Work Phone	

We file claims with a variety of health care insurance companies that aid in the payment of your medical costs. Payment for services is based on the allowable amount determined by your insurance company and will vary depending on your policy. Your policy may ask you, the subscriber, to pay a deductible, co-insurance, or co-pay amount, and may have certain non-covered services. Plum Creek Medical Group ask that you pay these amounts at the time of your service. Your health insurance policy is an agreement between you and your health insurance carrier. Plum Creek Medical Group relies upon you to settle your account. A monthly finance charge of 1.33% is applied to accounts 90 days past due. You are ultimately responsible for all clinic fees relating to your care.

Signature of Patient or representative

Relationship

Date