Name: ______________________________ Sex: M/F Marital Status: S M D W P

Date of Birth:______________ Birthplace:_____________ Social Security #: _________________

Drivers License#: __________________Race:_____________________ Religion:___________________

Address:____ City: ____________________ Zip:__________

Home phone: ____________________________________ OK to leave message? ___ Yes ___ No

Work phone: ____________________________________ OK to leave message? ___ Yes ___ No

Cell phone: _____________________________________ OK to leave message? ___ Yes ___ No

Occupation______________________________Employer:_______________________________________

Employer's address:____________________________________ City:__________________ Zip:________

Emergency Contact:__________________________________Relationship:___________ Phone __________

Email Address (please print clearly) ____

May we contact you by email regarding your progress in the program? ____ Yes ____ No

May we keep you informed of program updates, special speakers and events via our email newsletter (sent approximately once a month)? ____ Yes ____ No
(Note: If you answer "yes" to receive the email newsletter, you may notify us at any time if you wish to be removed from the mailing list.)

Signature: ____ Date: _______________________

Primary Insurance Co.____

Subscriber Name:_________________________ ID #:________________________Group#:____________

Address/Phone#: ____

Secondary Insurance Co.____

Subscriber Name:_________________________ ID #:______________________Group #:_____________

Address/Phone#:____

Assignment of Benefits:

I, the undersigned, have insurance coverage with _________________________ and assign directly to ValleyCare Health System any medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits.

Signature:____ **Date**:________________________