



1911 Forest Hill Blvd, West Palm Beach, FL 33406 ☎ (561)-439-7400 📠 (561)-439-7443 ✉ juanageldresdds@live.com

2018 PATIENT INFORMATION

Date: _____
Patient's Name: _____ DOB : _____
Address: _____ City: _____ State: _____ Zip Code: _____
Email: _____ @ _____
SS# _____ (Required for Insurance)
Work Phone: _____ Cell Phone: _____ Home Phone: _____

INFORMATION OF RESPONSIBLE PERSON

If any other than the Patient: _____ Relationship to Minor/Patient: _____
Patient's Name: _____ Date _____
Address: _____ City: _____ State: _____ Zip Code: _____
SS # _____ DOB: _____ Cell Phone: _____

HIPPA

I have reviewed the **Notice of Privacy Practices** and a copy will be provided upon request.

MEDICAL HISTORY

____ My Medical History hasn't changed since my last visit.
____ My Medical History has changed since my last visit. If Yes, the office will need an updated Medical History Form.

FINANCIAL POLICY

I have reviewed the **Financial Policy** of the office and acknowledge there is a signed copy on file.

After reading and understanding, I request that services to be performed and I agree to be responsible for any charges incurred. I understand that if I fail to make a payment when due and my account becomes delinquent it will be turned over to a collection agency. I am fully responsible to pay all collections costs and processing fees that may apply. I will also be at risk to be dismissed from the practice as a patient.

I have read this Financial Policy as outlined and understand that I am ultimately responsible for the charges incurred by my child/children as their legal guardian.

I certify the above information is correct and true to the best of my knowledge. Date: _____

Guardian/Parent Name (if minor): _____

Guardian/Parent Signature: _____

Patient Signature: _____