



ACHIEVE HEALTH

FAMILY MEDICINE IMMEDIATE CARE
WOMEN'S HEALTH LGBTQ MEDICINE
HORMONE THERAPY IV THERAPY

CLIENT INFORMATION SHEET

CLIENT-PLEASE PRINT

Last Name _____ First Name _____ Initial _____

Date of Birth _____ Martial Status _____ Sex _____ Pronouns _____

Street Address _____ Apartment Number _____ City _____ State _____ Zip _____

Home Phone # _____ Cell # _____

Work # _____

*Accept cell phone text messaging: Yes _____ NO _____

*Email Address _____

Social Security Number _____

Race: (Circle) Caucasian African American Hispanic Asian American Indian Alaska Native Other _____

INSURANCE INFORMATION

Primary Insurance Company Name _____ Policy Holder's Name _____ Policy Holder's DOB _____ Policy Number _____

Group Number _____

RESPONSIBLE PARTY (if other than client) Address same as Patient: Y _____ N _____

Last Name _____ First Name _____ DOB _____

Social Security Number _____

Relationship to Patient

Home Phone Number

Work Phone Number

EMERGENCY CONTACT

Last Name

First Name

Relationship to Patient

Phone Number

AUTHORIZATION

(Please READ AND INITIAL each line and sign at the bottom)

1. _____ I am responsible for payment in full at time of service unless previous arrangements have been made.
2. _____ I authorize the release of medical information to my insurance carrier that may be necessary to process my claims.
3. _____ I authorize payment directly to Achieve Health for my medical expenses.
4. _____ In the event it is necessary to refer this account to collections, I agree to pay all costs of collection including but not limited to reasonable attorney fees and interest permitted by law.
5. _____ If my insurance company denies payment, I agree to be personally and fully responsible for payment.
6. _____ I authorize Achieve Health to document prescription information into the prescription database PDMP.
7. _____ I have received and reviewed Achieve Health's Privacy Policy.
8. _____ I have verified that the information in this agreement is correct.
9. _____ I have read and understand the information contained in this agreement.

CLIENT _____ DATE _____