



PATIENT INFORMATION – Please print name as it appears on the insurance card.

Last Name _____ First Name _____ MI _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Sex: M F Marital Status: S M D W P
Social Security# _____ Drivers License# _____ Email Address: _____
Home# _____ Work# _____ Cell# _____
Emergency Contact _____ Phone# _____ Relationship _____

REASON FOR TODAY'S VISIT

Symptoms _____ Date of onset _____ If accident, list details: _____
What? _____ Where? _____
*Is this injury associated with a motor vehicle accident? Y / N Is this injury associated with an assault or crime? Y / N
** Is this a workers' compensation claim? Y / N?
** If YES, please note we are NOT a workers' compensation provider; we will NOT file to your medical insurance and will NOT complete any workers' comp forms. Any charges will be an out of pocket expense if you choose to be seen at our facility.

POLICY HOLDER – Individual who is primary on your insurance.

Last Name _____ First Name _____ MI _____
Address _____ City _____ State _____ Zip _____
Home# _____ Work# _____ Cell# _____
Social Security# _____ Date of Birth _____ Sex: M F Marital Status: S M D W P

INSURANCE – Please present your insurance card to the receptionist.

*Primary Insurance Name _____ ID# _____ Group# _____
*Secondary Insurance Name _____ ID# _____ Group# _____

Guarantor – Individual responsible for payment or balance due after insurance, if different from Policy Holder.

Last Name _____ First Name _____ MI _____
Address _____ City _____ State _____ Zip _____
Home# _____ Work# _____ Cell# _____
Social Security# _____ Date of Birth _____ Sex: M F Marital Status: S M D W P

INSURANCE – Please present your insurance card to the receptionist.

*Primary Insurance Name _____ ID# _____ Group# _____
*Secondary Insurance Name _____ ID# _____ Group# _____

Payment:

*** Bee Caves Medical / Lakeway Medical requires payment at time of service.** If you do not have insurance or we do not accept your current insurance, our average new patient charge is \$146.00 and this does **NOT** include labs, x-rays, diagnostic testing and/or laceration repair. Your charge could be \$450.00 or higher for the initial visit.

CONCERNING INSURANCE

Bee Caves Medical / Lakeway Medical accepts assignment of benefits from insurance companies with which we are contracted as a participating provider.

BEE CAVES MEDICAL / LAKEWAY MEDICAL DOES NOT ACCEPT MEDICAID.

The above information is true to the best of my knowledge. I authorize my insurance benefits to be paid directly to the physician. I understand I am financially responsible for any remaining balance. I also authorize Bee Caves Medical or my insurance company to release any information required to process my claim.

Print Name _____ Signature of Patient or Guardian _____ Date _____