



PATIENT INFORMATION FORM

PLEASE **PRINT** AND COMPLETE ALL ITEMS

PATIENTS NAME: _____ SEX: _____ DOB: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE# _____ ALT PHONE# _____ EMAIL: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED PLEASE CIRCLE: RETIRED WORKING DISABLE

Referring Physician: _____ Primary Care Physician: _____

*****IF PATIENT IS UNDER THE AGE OF 18 PLEASE FILL OUT BELOW*****

| GUARDIAN NAME | RELATIONSHIP | DOB | SSN# | PHONE# |
|---------------|--------------|-----|------|--------|
| | | | | |
| | | | | |

Agreement for Payment of Balance Due

I hereby authorize payment directly to The Surgical Pavilion, 9500 Kanis Road, Suite 401, Little Rock, AR 72205, for the services provided to me on this date and otherwise payable to me. I understand that any estimated amount collected today is only an estimate and does not constitute payment in full. I agree that I will be responsible for any allowed charges not paid by my insurance. I agree that I will be held liable for any collection, legal or court cost should it become necessary for The Surgical Pavilion to pursue these avenues to collect a balance due.

Patient Signature _____ **Date** _____ **Time** _____

Responsible Party Signature _____ Date: _____ Time: _____

AUTHORIZATION TO DISCLOSE INFORMATION

I, _____, hereby authorize The Surgical Pavilion, LLC

Patient Name

to release my medical information (appointments, lab/x-ray results, diagnoses, treatments, medications, surgeries, etc.) to the following family members (ID required for pick-up):

| NAME | DOB | RELATIONSHIP |
|------|-----|--------------|
| | | |
| | | |

I reserve the right to withdraw this authorization at any time.

Patient/Legal Guardian Signature

Date of Signature

NOTE: If patient is unable to sign, individual signing must present information satisfactory to institution releasing information that individual is legally responsible for patient. Signature will be verified by personnel of authorized institution to release information.