3124 N. Wellness Drive, Ste 10
Holland, MI 49424
616-738-0470

LIBERTY SURGICAL ASSOCIATES, PLLC

PATIENT: Family Physician:_______________________

Patient's name____Age______Sex M F

Birthdate_______________________Single______Married______Widowed_____Divorced_______

Address____

City____State__________Zip_______________

Social Security Number_____________________________Home-phone number________________
Cell phone number__________________

Employed by____________________________________Work-phone number_________________

Person to contact in an emergency_____________________Phone number_____________________

Were you injured on the job? Yes or No Date of injury _____________________

INSURANCE : **Bring actual insurance card(s) with you as we need to copy them**
Name of insurance :____

Person who carries the Insurance (if different from Patient):__________________________________

Date of Birth:___________________________________Social Security Number:_________________

Employer:_____________________________________Phone Number:_______________________

SECONDARY INURANCE:
Name of insurance: ____

Person who carries the Insurance (if different from Patient):__________________________________

Date of Birth: __________________________________Social Security Number: _________________

Employer: ____________________________________Phone Number: ______________________

ASSIGNMENT OF INSURANCE BENEFITS:

I hereby assign all medical and/or surgical benefits including Medicare, BCBS, private insurance, and any other group health plans to Liberty Surgical Associates, PLLC. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure payment.

Signed ____Date______________________

Signed ____Date______________________

Signed ____Date______________________