

Welcome to Plainview Surgical Care!

Douglas G. Cummins MD

Name: _____ Birth Date: _____
 First Middle Last

Social Security No: _____ Home phone: () _____

Cell phone: () _____ Work phone: () _____

Email address: _____

Who is your primary care physician? _____

Would you like to access your medical records online? Yes _____ or No _____

If you are ever interested in joining the patient portal in the future you can call our office.

In case of emergency, contact: _____ Relationship: _____

Phone: () _____ Phone: () _____

Your Employer: _____ Occupation: _____

Which Pharmacy do you use? _____

- We will check your pharmacy to get a list of your current medications.
- We file insurance for all covered services, and we file to both your primary and secondary insurance carriers. Please remember that you are responsible for all deductible, copay, and non-covered service amounts. See our complete financial policy for details.
- If your insurance is in the name of your spouse or parent, please provide:
 - Name of Insured: _____
 - Birth Date: _____
- The *Notice of Privacy Practices* is attached to this clipboard. It explains how we will use your medical information. You are entitled to receive a copy, at your request.
- We will disclose medical information to your family members.
 - _____ I do not want family to be given my personal medical information.
 - _____ I would like to add the following **non-family** members to my list of contacts.

 Signature of Patient or Personal Representative

 Print Name of Personal Representative

 Date

 Description of Personal Representative