Tallahassee Ear, Nose & Throat-Head & Neck Surgery, P.A.

PLEASE INDICATE WHO YOU ARE SEEING TODAY:

_____ Duncan S. Postma, M.D., F.A.C.S.	_____ Spencer E. Gilleon, M.D.	_____ Adrian P. Roberts, M.D.
_____ Marie O. Becker, M.D., F.A.C.S.	_____ Robert M. Snider, M.D.	_____ Joseph C. Soto, M.D.
_____ Tricia Skinner, A.R.N.P.	_____ Scott A. Asher, M.D.	_____ Audiology Associates

TODAY'S DATE: _____ FOR TODAY'S VISIT YOU WILL BE PAYING: ___Cash ___Check ___Credit Card

PATIENT INFORMATION:

Primary Care Physician:_____ Referring Physician: _____

Last Name: _____ First Name: _____ Middle Initial: ___ Age: _____

Social Security #: _____ Birthdate: ____/____/_____ Sex: M F Marital Status: _____

Language: _____ Race: _____ Ethnicity: Hispanic / Non-Hispanic
(Please circle one above)

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____Work Phone: (_____) _____Cell Phone: (_____)_____

E-Mail: _____ ☐ You may inform me of or confirm appointments via e-mail.

PRIMARY INSURANCE CARRIER:

Insured's Name: _____

Insured's Address: _____

City: _____ State: ____ Zip: _____

Insured's DOB: _____/_____/_____

SECONDARY INSURANCE CARRIER:

Insured's Name: _____

Insured's Address: _____

City: _____ State: ____ Zip: _____

Insured's DOB: _____/_____/_____

Please submit insurance card for copying. If no insurance card is available, please complete the following information:

Insurance Co: _____

Policy Number: _____

Insurance Co: _____

Policy Number: _____

PARENT/LEGAL GUARDIAN INFORMATION

If the patient is under the age of 18 or a full-time college student please complete the following information:

If you are the grandparent or step-parent do you have legal guardianship of the patient? Yes No

****You must have legal paperwork on hand in order for the patient to be seen. Please submit paperwork so it may be filed in the chart and complete the information below:**

Name: _____ DOB: ___/____/____ SSN: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Work Phone: (_____)_____Ext_____

Relationship: (please circle one) Mother Father Grandparent Step-Parent Legal Guardian Other _____

OVER