



INLET
Vein Specialists, PC

4545 Highway 17 Bypass, Suite A
 Murrells Inlet, SC 29576
 843-652-LEGG(5344)

WELCOME TO OUR PRACTICE!

Please help us serve you better by taking a few minutes to provide the following information.

PATIENT INFORMATION

ACCOUNT #	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	MI
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY		STATE		
HOME PHONE	CELL	PATIENT DATA (OFFICE USE ONLY)			
BIRTHDAY	SEX (M, F)	RACE	PRIMARY DOCTOR (OFFICE USE ONLY)		
MARITAL <input type="checkbox"/> M-Married <input type="checkbox"/> W-Widowed <input type="checkbox"/> S-Single <input type="checkbox"/> D-Divorced <input type="checkbox"/> X-Separated	EMPLOYMENT <input type="checkbox"/> R-Retired <input type="checkbox"/> F-Full <input type="checkbox"/> P-Part <input type="checkbox"/> N-None	STUDENT <input type="checkbox"/> P-Part <input type="checkbox"/> F-Full <input type="checkbox"/> N-None	REL. TO INSURED <input type="checkbox"/> SE-Self <input type="checkbox"/> SP-Spouse	<input type="checkbox"/> OT-Other <input type="checkbox"/> CH-Child	
EMPLOYER CODE (OFFICE USE ONLY)	EMPLOYER / SCHOOL NAME				
STREET ADDRESS (ROAD OR STREET)			APARTMENT # OR SECOND ADDRESS LINE		
ZIP CODE	CITY		STATE	BUSINESS PHONE	

FINANCIALLY RESPONSIBLE PARTY (IF OTHER THAN PATIENT)

ACCOUNT #	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	MI
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HOME PHONE	PATIENT DATA (OFFICE USE ONLY)				
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ZIP CODE	CITY		STATE	BUSINESS PHONE	

ACCOUNT DATA #1	ACCOUNT DATA #2	BILLING CYCLE	LOCATION	ACCOUNT CONTROL
PRIMARY INSURANCE COMPANY NAME		MAILING ADDRESS		ATTENTION
TELEPHONE	POLICY #	GROUP #	EXP. DATE	
SECONDARY INSURANCE COMPANY NAME		MAILING ADDRESS		ATTENTION
TELEPHONE	POLICY #	GROUP #	EXP. DATE	

I authorize the release of any medical or other information necessary to process insurance claims.		I authorize payment of medical benefits directly to this practice for the services rendered.	
Signature	Date	Signature	Date