

May we leave a message on an answering machine? Yes/No

Are there other members of the household that we may leave the message with regarding health matters? If so whom?

RESPONSIBLE PARTY

Primary Insurance Coverage _____

First Name	Middle Initial	Last Name
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SSN	Title	Sex	Male/Female
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Date of Birth	Employer /Occupation	Employer Telephone
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Responsible Party Mailing Address

Home Telephone	Work Telephone	Cell-phone	Relationship to patient
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Secondary Insurance Coverage _____

First Name	Middle Initial	Last Name
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SSN	Title	Sex	Male/Female
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Date of Birth	Employer /Occupation	Employer Telephone
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Responsible Party Mailing Address

Home Telephone	Work Telephone	Cell-phone	Relationship to patient
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AUTHORIZATION

I authorize Eastside ENT Specialists, Inc to release any medical information obtained during my treatment to my medical insurance carriers and to my referring doctors. I hereby authorize payment of medical benefits to Eastside ENT Specialists, Inc.

Responsible Party Signature	Date
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