Liberty Surgical Associates, PLLC
400 136th Ave. Holland, MI 49424 616-738-0470 Fax: 616-738-0498

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: _____________________________Work phone number: ______________________

Employed by: _________________________________Family Physician: _________________________

Emergency Contact: _____________________________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:____

Insurance ID#:________________________ Group ID#:____________________Copay:____________

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

Date of Birth: ___________________________Social Security Number:_________________________

Employer: _______________________________________Phone Number:_________________________

SECONDARY INSURANCE:

Name of insurance:____

Insurance ID#:______________________________ Group ID#:_____________________

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

Date of Birth:_________________________________

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.

Patient Signature____ Date____________________

Guardian Signature (if under 18) ____ Date ____________________