



Urgent Care + Family Practice

PATIENT INFORMATION – Please print name as it appears on the insurance card.

Last Name _____ First Name _____ MI _____

Address _____ Apt. #: _____ City _____ State _____ Zip _____

Date of Birth _____ Sex: M F Marital Status: S M D W P

Social Security# _____ Drivers License# _____ Race/Ethnicity: _____

Home# _____ Work# _____ Cell# _____

Email Address: _____ May we contact you via email? Yes No

Emergency Contact _____ Phone# _____ Relationship _____

REASON FOR TODAY'S VISIT

Symptoms _____ Date of onset _____ If accident, list details:

What? _____ Where? _____

*Is this injury associated with a motor vehicle accident? Y/N * Visit will be considered private pay & payment is due at time of service.

**Is this injury associated with an assault or crime? Y/N **Was your initial visit documented at a emergency room? Y/N Date: _____

*** Is this a workers' comp. injury? Y/N *** If YES, please note we are NOT a workers' compensation provider; we will NOT file to your medical insurance and will NOT complete any workers' comp forms. Any charges will be an out of pocket expense if you choose to be seen at our facility.

POLICY HOLDER – Individual who is primary on your insurance.

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home# _____ Work# _____ Cell# _____

Social Security# _____ Date of Birth _____ Sex: M F Marital Status: S M D W P

Guarantor – Individual responsible for payment or balance due after insurance, IF different from Policy Holder.

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home# _____ Work# _____ Cell# _____

Social Security# _____ Date of Birth _____ Sex: M F Marital Status: S M D W P

Payment:* **VIK Medical requires payment at time of service.** If you do not have insurance or we do not accept your current insurance, our average new patient charge is \$146.00 and this does **NOT** include labs, x-rays, diagnostic testing and/or laceration repair. Your charge could be \$450.00 or higher for the initial visit.**CONCERNING INSURANCE**

VIK Medical accepts assignment of benefits from insurance companies with which we are contracted as a participating provider.

VIK MEDICAL DOES NOT ACCEPT MEDICAID.

The above information is true to the best of my knowledge. I authorize my insurance benefits to be paid directly to the physician. I understand I am financially responsible for any remaining balance. I also authorize VIK Medical or my insurance company to release any information required to process my claim.

Print Name _____

Signature of Patient or Guardian _____

Date _____