

Lighthouse Health Group, LLC  
4600 Military Trail, Suite 103  
Jupiter, FL 33458  
561-249-7400

### PATIENT INFORMATION

NAME:		LAST	FIRST	MIDDLE	MAIDEN	
ADDRESS OF PATIENT:		CITY		STATE	ZIP CODE	
HOME PHONE:		CELL PHONE:		WORK PHONE:		EMAIL:
AGE:	BIRTHDATE:	SEX:	MALE	FEMALE	SOCIAL SECURITY:	PREFERRED METHOD OF CONTACT: HOME CELL WORK EMAIL CAN A MESSAGE CONTAINING PERSONAL INFORMATION BE LEFT ON YOUR VOICEMAIL: YES NO CAN INFORMATION ABOUT PERSONAL INFORMATION BE DISCLOSED TO THOSE ANSWERING YOUR PHONE: YES NO If yes, to whom: _____
MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOWED						
OCCUPATION: FULL TIME PART TIME UNEMPLOYED				EMPLOYER:		EMPLOYER PHONE NO:
REFERRING PHYSICIAN IF ANY:		PREFERRED PHARMACY:		CITY:	STATE:	PHONE:
KNOWN DRUG ALLERGIES:						

### RESPONSIBLE PARTY INFORMATION

RESPONSIBLE PARTY:		RELATIONSHIP TO PATIENT:		HOME PHONE:	
CELL PHONE:		WORK PHONE:		ADDRESS:	

### EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT:		RELATIONSHIP TO PATIENT:		HOME PHONE:	
ADDRESS:		CITY:	STATE:	ZIP CODE:	CELL PHONE:

### WORKERS COMP REFERRALS ONLY

WORKERS COMPENSATION COMPANY:		CLAIM NUMBER:		ADJUSTER NAME:	
ADJUSTER PHONE:		ADJUSTER FAX:		ADJUSTER EMAIL:	

### FOR OFFICE USE ONLY

SEND CLAIM BY: FAX MAIL		INFORMATION TO INCLUDE IN CLAIM: CMS 1500 FORM SUPER BILL CLINICAL NOTES OTHER _____			
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### PAYMENT INFORMATION

I understand this is a "FEE FOR SERVICE" practice and payment is due at the time of service. I understand if my account has an unpaid balance for over 120 days and Lighthouse Health Group is unable to collect payment from me or my responsible party, this office has the right to refer me to another provider. I understand if I "no show" for my appointment, my account will be charged the full fee for that appointment. I understand if I cancel less than 24 hours in advance or if I am more than 15 minutes late for my appointment and need to reschedule, my account will be charged a \$50 missed appointment/cancellation fee. I further understand my account will be charged a \$35.00 fee for any returned checks and at that time, my account will be placed on a "no checks" status for 1 year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_