



Welcome To Our Practice
Reddy Medical Group/Reddy Urgent Care



New Patient Intake Form
(Please Fill Out Front and Back Completely)

Personal Information:

Patient Last Name:	First Name:	MI:		
Previous Name (if applicable)				
Social Security Number:	Date of Birth:	Age: Gender:		
Race:	Ethnicity:	Language		
Marital Status:	Single	Married	Divorced	Widowed
Are You a Veteran? Yes No				
Primary Care Physician (full name)				
Pharmacy of Choice (Specify Location)				

Contact Information

Mailing Address:			
Apartment/Unit #:	City:	State:	Zip Code:
Physical Address:			
Home Phone:	Cell:	Work:	
E-Mail Address:			

Emergency Contact

Name:	Relationship:
Address:	
Contact Number:	

Responsible Party (Complete this section ONLY if someone other than the patient is financially responsible or the patient is under the age of 18)

Last Name:	First Name:	MI:
Relationship:	Social Security Number:	
Date of Birth:	Age:	Gender
Home Phone	Cell:	Work:
Address:		
City:	State:	Zip Code:



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Employment Information

Employment Status:	Full Time	Part Time	N/A
Employer Name:			
Employer Address:			
Were you injured on the job?	Yes	No	If yes, date of injury:
Did you report the accident to your employer?	Yes	No	
Student Status:	Full Time	Part Time	N/A

Insurance Information (To verify benefits, we require a copy of your insurance card and photo ID at registration)

Primary Insurance Name:		
Policy Holder's Name:	Date of Birth:	Phone Number:
Policy Holder's Address:		
Secondary Insurance Name:		
Policy Holder's Name:	Date of Birth:	Phone Number:
Policy Holder's Address:		

Authorization and Assignment:

I authorize Reddy Medical Group, LLC to release medical records to my employer or any insurance company with whom I have medical benefits for the purpose of filing medical claims. I also authorize any physician, hospital, or clinic to provide medical information required in the course of my examination or treatment. **I give consent for Reddy Medical Group, LLC physicians to obtain Rx history from external sources.** I consent to medical treatment for myself or for the patient for whom I am the parent or legally authorized representative. Insurance is filed as a courtesy. It is the patient/guardian responsibility to ensure all bills are paid. All co-pays, deductibles, and co-insurance are due at the time of services.

Assignment of Benefits Payment:

I authorize my health insurance benefit plan to pay directly to Reddy Medical Group, LLC. I understand that I am financially responsible to Reddy Medical Group, LLC for any non-covered charges. If I am a self-pay patient, I understand that I am responsible for all charges in full at the time of service. **I have read and understood the Financial Policy terms and conditions revised on 2/13/2016.**

Signature:	Relation to Patient:	Date:
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How did you hear about Reddy Medical Group or Reddy Urgent Care?

Online Newspaper Magazine Radio Billboard TV Word of Mouth