

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:	Firs	MI:									
Previous Name (if applicable)											
Social Security Number:		Date of Birth:		Age:	Gender:						
Race:	Ethnicity:		La	nguage							
Marital Status: Single	Married	Divorced	Widowed								
Are You a Veteran? Yes	No										
Primary Care Physician (full na	ame)										
Pharmacy of Choice (Specify Location)											
Contact Information											
Mailing Address:											
Apartment/Unit #:	City:		State:	Zip	Code:						
Physical Address:											
Home Phone:	Cell:										
E-Mail Address:											
Emergency Contact											
Name: Relationship:											
Address:											
Contact Number:											
Responsible Party (Complete to patient is under the age of 18)	his section ONLY	if someone oth	er than the patier	nt is financial	ly responsible or the						
Last Name:	Firs	First Name:			MI:						
Relationship:	Soc	cial Security Nur	mber:								
Date of Birth:	Age	Age:		Gender							
Home Phone	Ce	ell:		Work:							
Address:											
City:		State:		Zip Code:							



New Patient Intake Form (Please Fill Out Completely)



Employment Information

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	Employment Sta	tus: Full Tim	e Part Tin	ne N/	A					
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 Name: Date of Birth: Phone Number: Policy Holder's Name: Date of Birth: Phone Number: Policy Holder's Address: Authorization and Assignment: lauthorize 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 flied as a courtesy. It is the patient for whom I am the parent or legally authorized representative. Insurance is flied as a courtesy. It is the patient for whom I am the parent or legally authorized representative insurance is flied as a courtesy. It is the patient for whom I am the parent or legally authorized representative insurance is flied as a courtesy. It is the patient for whom I am the parent or legally authorized representative insurance is flied as a courtesy. It is the patient for whom I am the parent or legally authorized representative insurance is flied as a courtesy. It is the patient for whom I am the parent or legally authorized representative insurance is flied as a courtesy. It is the patient for whom I am the parent or legally authorized representative insurance is flied as a courtesy. It is the patient for whom I am the parent or legally autho	Employer Name	:								
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Online Newspaper Magazine Radio Billboard TV Word of Mouth	How did you hear	about Reddy I	Medical Group or	Reddy Urgen	t Care?					
	Online	Newspaper	Magazine	Radi	0	Billboard	TV	Word of Mouth		