

PATIENT INFORMATION FORM



Check one of the following:

Attach copy of front and back of Insurance card

All CIGNA Insurance

Other Insurance (Any Non-CIGNA)

FFS/Self Pay

PATIENT INFORMATION

1

LAST NAME, FIRST NAME, MIDDLE INFTIAL		SOCIAL SECURITY #		DATE OF BIRTH		SEX	
						M F	
STREET ADDRESS		CITY	STATE	ZIP CODE	PATIENT PHONE		
RESPONSIBLE PARTY		RELATION TO RESPONSIBLE PARTY					
RESPONSIBLE PARTY STREET ADDRESS		CITY	STATE	ZIP CODE	RESPONSIBLE PARTY PHONE		

INSURANCE COVERAGE/OWNER OF INSURANCE POLICY

2

LAST NAME		FIRST	M.I.	DOB	SOCIAL SECURITY #		RELATIONSHIP TO PATIENT
STREET ADDRESS		CITY			STATE	ZIP	
EMPLOYER	EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP CODE)						
WORK PHONE ()	HOME PHONE ()			INSURANCE CARRIER*			
INSURANCE CO. ADDRESS			INSURANCE CO. PHONE		POLICY / ID #	GROUP #	

Is the patient covered under any other health coverage? Yes No If yes, complete Additional Healthcare Insurance. (Sec. 3)

ADDITIONAL HEALTHCARE INSURANCE (Medicare Part B - FFS, Supplemental, All Other Insurance)

3

LAST NAME		FIRST	M.I.	DOB	SOCIAL SECURITY #		RELATIONSHIP TO PATIENT
STREET ADDRESS		CITY			STATE	ZIP	
EMPLOYER	EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP CODE)						
WORK PHONE ()	HOME PHONE ()			INSURANCE CARRIER*			
INSURANCE CO. ADDRESS			INSURANCE CO. PHONE		POLICY / ID #	GROUP #	

IN CASE OF EMERGENCY CONTACT

4

LAST NAME		FIRST	M.I.	TELEPHONE #
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Your signature below indicates:

- (If you have insurance) You authorize CIGNA Medical Group (CMG) to release medical or other information as requested by your insurance company to have your medical claims paid.
- (If you have insurance) You authorize direct payment of medical benefits by your insurance company to CMG for any services furnished to you and otherwise payable to you.
- Your agreement to pay any and all final balance due to CMG for services you receive which are your responsibility and/or are denied by your insurance company.

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Patient/Parent or Legal Guardian Signature **MUST BE SIGNED/ DATED**

Date

SP1932 Rev. 10/2003

White Copy - Medical Record
(Front of Data Base)

• Canary Copy - Finance

Return Completed PIF to the Front Office