APEX URGENT CARE
CONVENIENT, COMPASSIONATE, CARE

6111 N Fry Road, Katy 77449
Tel: (832) 427-6015 | **Fax**: (832) 427-6041
Email: contact@apexurgentclinic.com
www.apexurgentclinic.com

PATIENT INFORMATION FORM

Patient Name		Social Security Number
Date of Birth	Marital Status S M D W P	Address
Home Phone	Ok to leave message? Yes No	City State Zip Code
Email Address		Employer's Name/Occupation
Mobile Phone or Pager		Work Phone Ok to leave message? Yes No
Emergency Contact	Relationship	Emergency Contact Phone
Primary Care Physician		**Insurance** Name of Insurance co. _____
Pharmacy with two cross streets		ID# _____
How were you referred to our practice? ☐ Newspaper ☐ Friend ☐ Internet ☐ Sign/Drive Bye ☐ Yellow pages ☐ Other_____		Group# _____ Phone# _____

Parent/Guardian or Primary Insured Info **(if patient is a minor or is not the primary insured)**

Parent/Guardian or Primary Insured Name		Social Security Number
Date of Birth	Relationship to patient	Address *(if different from above)*
Home Phone		City State Zip Code
Work Phone		Employer's Name

----------Please read below and sign----------

Benefits Assignment

I hereby authorize the assignment of benefits (payments) directly to Apex Urgent Care Clinic for all my insurance claims related to services received. I agree to pay any and all charges that exceed, or are not covered by my insurance

Signature of Responsible Party: _____ Date: _____

Record Release

I authorize the release of any medical information necessary for the purpose of processing claims with my insurance company. I permit a copy of this authorization to be used in place of the original.

Signature of Responsible Party: _____ Date: _____