

Newport Internal Medicine
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Newport, MI 48166
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Patient Information

Patient Name: _____

Mailing Address _____

City/State/Zip: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Date of Birth: _____

Sex: Male / Female Marital Status: _____

Social Security Number: _____

Employer Name: _____ Employment status: FT /PT /Retired

Emergency Contact

Contact Name: _____ Home Number: () _____

Work Number: () _____ Relationship to Patient: _____

Responsible Party If Not Patient

Name: _____ Date of Birth: _____

Social Security Number: _____ Home Phone: () _____

Sex: Male / Female Mailing Address: _____

City/State/Zip: _____

Employer Name: _____ Employer Number: () _____

Relationship to Patient: _____

Insurance

Primary Name: _____ Co-pay: _____

Insured Name: _____ Date of Birth: _____

Social Security Number: _____ Home Phone: () _____

Sex: Male / Female Mailing Address: _____

City/State/Zip: _____

Employer Name: _____ Employer Number: () _____

Relationship to Patient: _____

Secondary Name: _____ Co-pay: _____

Insured Name: _____ Date of Birth: _____

Social Security Number: _____ Home Phone: () _____

Sex: Male / Female Mailing Address: _____

City/State/Zip: _____ Employer Name: _____

Employer Number: () _____ Relationship to Patient: _____

Other Information/Consent

Leave Messages: Home Yes / No Work Yes / No

Email Address: _____

Pharmacy Name: _____ Pharmacy Number: () _____

I hereby authorize the assignment of benefits (payments) directly to Newport Internal Medicine 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. I understand that co-pays, deductibles and non-covered services are due at the time of service. 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: _____

How did you here about Newport Internal Medicine? _____

