



Date

PATIENT INFORMATION

Patient's Last Name	Patient's First Name	Preferred Name	Middle Initial
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Male
Female

Patient's Date of Birth	Patient's Social Security Number	Primary Care Physician (Family Doctor)
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Marital Status	Race	Ethnicity	Primary Language
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Email Address

Address	City	State	Zip Code
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Cell Phone	Home Phone	Work Phone	Employer
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EMERGENCY CONTACT

Name	Phone Number	Relationship to Patient
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PRIMARY INSURANCE INFORMATION

 *Please present your insurance card to the front desk staff upon checking in at your appointment.

Name of Insurance Company	Name of Subscriber	Subscriber Date of Birth
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Member ID Number	Group Number	Effective Date
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SECONDARY INSURANCE INFORMATION

 *Apex Allergy only files secondary for those that have Medicare, Medicaid or Tricare

Name of Insurance Company	Name of Subscriber	Subscriber Date of Birth
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Member ID Number	Group Number	Effective Date
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UNINSURED *Please check this box if you are uninsured