Access2Care
Family Medical Center
Olu Onisile, MD

PATIENT INFORMATION

Thank you for choosing Access2Care Family Medical Center. In order to serve you properly, we need the following information. **Please Print.** All information will be confidential.

Date_____ Patient's Name_____
First MI Last
SSN_____ Male____ Female_____ Birthdate_____Home Phone_____

Address_____ City_____ State_____ Zip_____
Minor_____ Single_____ Married_____ Divorced_____ Widowed_____ Separated_____

Patient's or Parent's Employer_____Work Phone_____

Work Address_____ City_____ State_____ Zip_____

Parent's Name if Minor _____
Person to contact in case of emergency_____ Phone_____
Whom may we thank for referring you?_____

Responsible Party (if different from above)

Name of person responsible for this account_____ Relationship to Patient_____

Address_____ City_____ State_____ Zip_____

SSN_____ Birthdate_____ Home Phone_____Bus Phone_____

Insurance Information

Name of Insured_____Relationship to Patient_____

Name of Employer_____ Work Phone_____

Address of Employer_____ City_____ State_____ Zip_____

Insurance Company_____ Insurance Phone_____

ID Number_____ Group Number_____ Union or Local Number_____

DO YOU HAVE ADDITIONAL INSURANCE YES____ NO____(If yes, complete the following):

Name of Insured_____ Relationship to Patient_____

Insurance Company_____ Insurance Phone_____

ID Number_____ Group Number_____ Union or Local Number_____

I authorize release of any information concerning my (or my child's) health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits. I also hereby authorize payment of insurance benefits otherwise payable to me directly to the doctor. I also agree that if I change PCP, I will not be allowed back in this practice.

X_____ _____
Signature of patient or parent if minor Date

4607 N. 12th Street ♦ Phoenix ♦ AZ ♦ 85014 ♦ Tel: (602) 222-8727 ♦ Fax: (602) 222-8757
2741 W. Southern Ave., #17 ♦ (Southern Ave. & 48th Street) ♦ Tempe ♦ AZ ♦ 85282 ♦ Tel: (602) 454-8818 ♦ Fax: (602) 454-8848