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MEDISTOP CLINIC

Patient Name: _____ **Sex:** M / F **Date of Birth:** ___/___/_____

SS#: ____ - ____ - _____ **Email Address:** _____

Cell #: _____ **Work #:** _____ **Home #:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Race/Ethnicity:

□ White/Caucasian □ Black/African American □ Asian □ Pacific Islander/Native Hawaiian
□ Hispanic/Latino □ Native American/Alaskan Native □ Other _____

Marital Status:

□ Single □ Married □ Widowed □ Legally Separated □ Divorced

Employer: _____ Phone: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact:

Name: _____

Relationship to Patient: _____ Phone: _____

Initial Lines 1-4

1) _____ **Consent for Treatment and Minor Procedure(s)** It is understood that the treatment and/or minor procedures prescribed by my physician will be performed by the doctor and medical staff and do hereby authorize and consent to such treatment and procedure(s).
2) _____ **Release of Medical Information** I hereby authorize MediStop Clinic to release any medical information regarding the services performed to other physicians required by my personal physician, insurance companies, or employer. A 24-hour notice is required.
3) _____ **Financial Agreement** The undersigned agrees to pay all charges not covered by name insurances rendered by MediStop Clinic. Any balance not paid within sixty (60) days after the date of service will be considered default unless financial arrangements have been made with the business office administrator. The undersigned certifies that he/she has read the foregoing thereof and is the patient or is duly authorized by the patient as the patient's general agent to execute the above and accepts its item.
4) _____ **Assignment of Insurance Benefits** I hereby assign all benefits due me by the named insurance company and any third-party payer to be paid directly to MediStop Clinic

Patient's Rights Obtained

_____ _____
Patient's Signature Date

_____ _____
If a Minor Patient's Parent or Guardian's Name (Print) Parent or Guardian's Signature