



Beckman & Associates, Inc.
620 N. Wymore Rd., Suite 230
Maitland, Florida 32751
Phone: 407-647-4740 Fax: 407-647-6415



Patient

Name (Last, First)	Age	Birth Date	Sex M/F
Mailing Address	City	State	Zip Code
Chief Concerns	Home Phone	Cell Phone	
Email Address			

Mother/Legal Guardian

Name (Last, First)	Birth Date	Employer	Work Phone	
Address (put same if same as above)	City	State	Zip code	Home Phone

Father/Legal Guardian

Name (Last, First)	Birth Date	Employer	Work Phone	
Address (put same if same as above)	City	State	Zip code	Home Phone

Referring Provider

Name (Last, First)	Phone	Fax
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Primary Care Physician/ Specialist

Name (Last, First)	Phone	Fax
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Primary Insurance Information

Primary Insurance Company	Policy Holder Name	Date of Birth	Policy Number	
Insurance Address	City	State	Zip Code	Group Number
Phone Number	Co-Insurance %	Co-Pay	Deductible	

Secondary Insurance Information

Secondary Insurance Company	Policy Holder Name	Date of Birth	Policy Number	
Insurance Address	City	State	Zip Code	Group Number
Phone Number	Co-Insurance %	Co-Pay	Deductible	

Patient Release

I verify that the information I have provided is correct. I authorize the release of medical information necessary to process insurance claims to insurance companies and their agencies, for the purpose of filing and payment of medical claims. I also authorize payment of the medical benefits to the provider. I agree and acknowledge that I am responsible for all deductibles, co-pays, and non-covered services. I am aware that a fee at the provider's current rate may be charged on all past due balances. If I do not cancel my appointment within 24-hour notice it will result in a service charge of \$25.00.

Signature of insured or authorized person	Date
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