Diabetes and Endocrinology Specialists, Inc.

Demographic and Insurance Verification Form

Please Update/Correct information in the column on the Right

DEMOGRAPHIC INFORMATION	**UPDATES / CORRECTIONS**
Patient Name:	
Mailing Address:	
Home Phone: Cell Phone:	
Work Phone:	
OK to Leave Message:	□ **Home** □**Work** □**Cell**
Email Address:	
Primary Care Physician (PCP):	Phone:
Date of Birth: Sex:	
Marital Status:	
Social Security Number:	
Race: White ____ Black ____ Hispanic ____ Asian ____ Other: _____	Ethnicity: Hispanic ____ NonHispanic ____ Refuse ____
Employer Name:	
Employer Address:	
Language: English _____ Other _____	
EMERGENCY CONTACT INFORMATION ☐ **OK to discuss Medical Info.**	**UPDATES / CORRECTIONS**
Emergency Contact Name:	
Phone Number:	
Relationship to Patient:	
GUARANTOR/RESPONSIBLE PARTY	**UPDATES / CORRECTIONS**
Name:	
Guarantor Address:	
PRIMARY INSURANCE INFORMATION	**UPDATES / CORRECTIONS**
Insurance:	
Insured's Name:	
Insured's Date of Birth:	
Subscriber Number:	
Group Number:	
Insured's Rel to Pt:	
SECONDARY INSURANCE INFORMATION	**UPDATES / CORRECTIONS**
Insurance:	
Insured's Name:	
Insured's Date of Birth:	
Subscriber Number:	
Group Number:	
Insured's Rel To Pt:	
PHARMACY INFORMATION	**UPDATES / CORRECTIONS**
Pharmacy Name/Location:	
Pharmacy Number:	
Alternate Pharmacy Name/Location:	
Alternate Pharmacy Phone:	

I attest that the above information is correct and have read and understand the policies of Diabetes and Endocrinology Specialists, Inc. and accept my responsibility as stated in those policies. I hereby authorize Diabetes & Endocrinology Specialists, Inc. to file insurance claims for services rendered along with any medical records that my insurance company requests in association with this visit. Any balance remaining unpaid once the insurance has finalized the claim(s), becomes the immediate responsibility of the patient. **FAILURE TO NOTIFY AT LEAST 24 HOURS IN ADVANCE OF CANCELATION OF YOUR APPOINTMENT WILL RESULT IN A CHARGE.**

DATE _____

Patient Signature (18 and under requires signature of Parent/Guardian)

Relationship To Child