



Douglas C. McCorkle, M.D., F.A.C.S.

LAST NAME _____ FIRST NAME _____ MIDDLE _____
ADDRESS _____ APT _____ CITY _____
ZIP CODE _____ STATE _____ DATE OF BIRTH ____ / ____ / ____ AGE _____
MALE _____ FEMALE _____ MAIDEN NAME _____
HOME PHONE () _____ WORK PHONE () _____ EXT _____
CELL PHONE () _____ E-MAIL ADDRESS _____
MARITAL STATUS (CIRCLE ONE): SINGLE MARRIED DIVORCED WIDOWED SEPARATED
EMPLOYER/STUDENT _____ FULL TIME _____ PART TIME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
FAMILY PHYSICIAN / PEDIATRICIAN _____ OFFICE PHONE () _____

RESPONSIBLE PARTY FOR DEPENDENT:

LAST NAME _____ FIRST NAME _____ MIDDLE _____
DATE OF BIRTH ____ / ____ / ____ RELATIONSHIP TO PATIENT _____
(IF DIFFERENT FROM PATIENT): ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME PHONE () _____
CELL PHONE () _____ WORK PHONE () _____

INSURANCE INFORMATION:

INSURANCE COMPANY NAME _____ RELATIONSHIP TO PATIENT _____
SUBSCRIBER'S LAST NAME _____ FIRST NAME _____ MIDDLE _____
SUBSCRIBER'S DATE OF BIRTH ____ / ____ / ____ EMPLOYER _____
EMPLOYER ADDRESS _____

SECONDARY INSURANCE:

INSURANCE COMPANY NAME _____ RELATIONSHIP TO PATIENT _____
SUBSCRIBER'S LAST NAME _____ FIRST NAME _____ MIDDLE _____
SUBSCRIBER'S DATE OF BIRTH ____ / ____ / ____ EMPLOYER _____
EMPLOYER ADDRESS _____

INSURANCE AUTHORIZATION AND ASSIGNMENT

I authorize Douglas C. McCorkle, M.D. to furnish information to insurance carriers concerning my illness and treatments and I hereby assign to Dr. McCorkle all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by my insurance. In addition, I understand that I am responsible for informing Dr. McCorkle's office of any changes to my insurance coverage. I understand that by failing to inform Dr. McCorkle's office of any changes that I am financially responsible for all services provided to me or my dependents. I understand I am responsible for this account. In the event my account is turned over to a third party due to default, I am responsible for all collection and attorney's fees as well as all court cost.

DATE _____ SIGNATURE _____