Aurora Health Care
Patient Demographic Facesheet, Authorization and Assignment

NEW PATIENT INFORMATION UPDATE

PATIENT DEMOGRAPHICS

Name:		MRN:	
Address:		Legal Sex:	
City:		DOB:	
		Marital Status:	
Primary Care:			
Language:		*Primary Phone:*	
Ethnicity:		Home Phone:	
Race:		Work Phone:	
		Mobile Phone:	

EMPLOYER

Employer Name:	
Address:	

EMERGENCY CONTACT

Contact Name	Legal Guardian?	Relationship to Patient	Home Phone	Mobile Phone	Work Phone
1.					
			1st Contact Primary Phone:		
2.					
			2nd Contact Primary Phone:		

GUARANTOR INFORMATION

Guarantor:		DOB:	
Address:		Sex:	
		Home Phone:	
Relationship to Guarantor ID:		Account Type:	
GUARANTOR EMPLOYER		Status:	
Employer:		Employer Phone:	

Notice of Privacy Practices

I acknowledge that Aurora Health Care has provided me a copy of its Notice of Privacy Practices. I understand the Notice describes Aurora's privacy practices regarding the use and/or disclosure of patient health information.

AUTHORIZATION / ASSIGNMENT DISCLOSURE STATEMENT:

I hereby consent to and authorize medical treatment which may include the performance of examinations, treatments and diagnostic procedures which the physician(s) at Aurora Health Care have advised me of and deemed medically necessary. I hereby authorize Aurora Health Care to release any medical information deemed necessary to process insurance claims (including information relating to the treatment of drug abuse, alcohol abuse, or mental illness). I further authorize payment of any health insurance benefits directly to Aurora Health Care for services rendered to me or my dependent. This authorization applies to any insurance benefit that was in effect at the time the services were provided. I hereby agree to pay in full any balance remaining on my account in accordance with the Aurora Health Care Payment and Credit policies. Aurora Health Care reserves the right to change fees and policies without notice. This authorization is in effect until I choose to revoke it by providing written notification to Aurora Health Care.