Anesthesia Associates of Central Kansas, P.A.

200 S. 5th Street Suite A
Salina Ks 67401
Phone 785-827-2238 Fax 785-823-0828
www.aack.org
Please contact our office with any questions. Thank you!

PATIENT INFORMATION

Date_____

Name _____ Date of Birth _____

Address _____ City _____ State ____ Zip _____

Phone (H) _____ (C) _____ (W) _____

Social Security Number _____ Marital Status M – W – D – S

Gender: M ___ F ___ Height _____ ft _____ in Weight _____ lbs

Emergency Contact 1 _____ Relationship _____ Phone _____

Emergency Contact 2 _____ Relationship _____ Phone _____

Emergency Contact 3 _____ Relationship _____ Phone _____

Patient's Current Employer _____ Phone _____

Employer Address _____ City_____ State ____ Zip _____

Primary Ins. _____ Subscriber _____ Birth Date _____

Policy Number _____ Group Number _____

Secondary Ins. _____Subscriber _____ Birth Date _____

Policy Number _____ Group Number _____

Guarantor information, (if different from above)

Guarantor Name: _____

Guarantor Social Security # _____ Guarantor Birth Date _____

Guarantor Employer _____

Guarantor Employer Address _____ City _____ State ____ Zip _____

Do you take any blood thinners? ____ Y/N Which? Coumadin, Ticlid, Plavix, Lovenox, Aggrenox, Arixtra, Aspirin

Referring Physician

_____

Primary Care Physician

_____

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Accident related problem? Y/N

Date of Accident _____

Type of Accident: Work Auto Other _____

Employer at time of work accident: _____

Address of employer: _____

Phone number of employer: _____

Claim #: _____

Auto Accident information: Claim #: _____

Auto Insurance Name and Address: _____

_____

I authorize the release of any medical information necessary to process this claim. I also request payment of government benefits and/or other insurance benefits (i.e. Medicare payments, Champus-Tri-Care, BCBS, Aetna, United Healthcare, etc.) to the party who accepts assignment.

Signature: _____ Date: _____

Insurance coverage is a contract between you and the insurance company, not Anesthesia Associates of Central Kansas, P.A. You are ultimately responsible for all changes.