

Bancroft O'Quinn, Jr., M.D.
1405 Baddour Parkway, Suite 106
Lebanon, TN 37087

Referred By: _____

Physician Relative Friend Yellow Pages Insurance Other (Please Specify): _____

Name (Please provide your FULL middle name): _____

Email: _____ Birthdate: _____ Male Female Student: Full-Time Part-Time

Address: _____
(Street) (City) (State) (Zip)

Home Phone Number: (____) _____ Social Security Number: _____

Mother's Name: _____ Birthdate: _____ SS#: _____

Mother's Address: _____

Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Mother's Employer: _____ Work Address: _____

Father's Name: _____ Birthdate: _____ SS#: _____

Father's Address: _____

Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Father's Employer: _____ Work Address: _____

Emergency Contact: _____ Phone: (____) _____
(Someone who does not live with you.)

PRIMARY INSURANCE COMPANY: _____

Name of Person Who Carries Insurance: _____

Birthdate: _____ Social Security Number: _____ Relationship to Patient: _____

SECONDARY INSURANCE COMPANY: _____

Name of Person Who Carries Insurance: _____

Birthdate: _____ Social Security Number: _____ Relationship to Patient: _____

PLEASE READ CAREFULLY:

I (we) acknowledge full responsibility for all charges. I (we) agree to pay for office calls at the time of service unless services are covered by an insurance company for which Dr. O'Quinn is a provider. I (we) are responsible for any services not covered by insurance. After sixty (60) days, I (we) agree to pay a monthly service charge of one and one half percent (1 ½%) of any unpaid balance. In the event my bill becomes subject to collection activities, I (we) shall be responsible for all collect costs, including but not limited to court costs and attorney's fees. I authorize the release of any information necessary to process claims. I authorize the release of payment for all charges directly to Dr. O'Quinn unless they are paid for at the time of service. I authorize the release of my medical information to the referring physician I have listed above.

Signature: _____ Date: _____