

Adult

Wills Valley Family Medicine

52 S Valley Ave Ste. B, PO BOX 890, Collinsville AL, 35961 Ph#256-524-3090 Fax 256-524-2885

Patient Information

Name _____ Birth Date _____ SS # _____ Sex: Male Female

Address (mailing) _____ Marital Status: _____

Phone number _____ Cell number _____ Pharmacy name _____

List Medicine Allergies _____ Email Address: _____

If you provide your email address you will be able to send messages to the doctor and call in medicines thru your email/ patient portal . If you have any questions please ask the front desk.

Responsible Party: if self (skip to next section)

Name _____ Birth Date _____ Address _____

In case of emergency

Name _____ Phone # _____ Relationship _____

Name _____ Phone# _____ Relationship _____

Authorization for the release of patient information

(Note if you check that you DO NOT want to release information to anyone we will not be able to give anyone scripts, appointments times or any medical information to anyone but you)

___ I DO NOT wish to have medical information released to any other person than myself

___ I DO wish to have medical information released to the following person (s)

Name: _____ Relationship _____

Name: _____ Relationship _____

Please understand that it may be necessary for us to disclose some or all of the information contained in your medical records to other physicians, nurses, and/or health care providers. All health care providers are required by law to maintain your patient confidentiality.

Insurance Information

Primary Insurance _____ Policy # _____ Insured Birth Date _____

Secondary Insurance _____ Policy # _____ Insured Birth Date _____

I understand that Dr Koe or Nurse Practitioners at Wills Valley Family Medicine do not do long term pain management; they will do referrals to pain management if needed. If I decide to go ahead and see the doctor once I go back to triage room I will complete the visit and will be charged for a visit. We will not refund copays.

Signature _____ Date _____

If you are a cash patient stop by the front to see if you have to pay any test done at the clinic. You can get a discount if you cover the bill that same date of service. Lab services are more expensive if the lab bills you.