Puget Sound Work Injury Clinic

812 Cherry Ct.
Bremerton, WA. 98310
Phone 360-627-8344 Fax 360-627-8157

LAST NAME **FIRST NAME** **MI** **AGE** **DATE OF BIRTH**

ADDRESS **CITY** **STATE** **ZIP CODE**

HOME PHONE **SOCIAL SECURITY NUMBER** **SEX** **EMPLOYER NAME AND PHONE**

SPOUSE/SUBSCRIBER'S NAME **SPOUSE/SUBSCRIBER'S DOB** **SPOUSE/SUBSCRIBER'S SOCIAL SECURITY NUMBER**

EMERGENCY CONTACT NAME AND PHONE NUMBER **RELATIONSHIP**

REFERRED BY ☐ **INSURANCE** ☐ **FAMILY MEMBER/FRIEND** ☐ **OTHER**

PRIMARY INSURANCE **CLAIM NUMBER /POLICY NUMBER** **GROUP NUMBER** **DATE OF INJURY**

CALENDAR YEAR DEDCUTIBLE **MET/NOT MET** **COPAY**

PRIMARY INSURANCE **CLAIM NUMBER /POLICY NUMBER** **GROUP NUMBER**

CALENDAR YEAR DEDCUTIBLE **MET/NOT MET** **COPAY**

DO YOU HAVE PRESCRIPTION DRUG COVERAGE? ☐ YES ☐ NO DO YOU HAVE A LIVING WILL? ☐ YES ☐ NO
HOW DO YOU INTEND TO PAY FOR SERVICES? ☐ CASH ☐ CHECK ☐ CREDIT CARD ☐ INSURANCE

AUTHORIZATION & ASSIGNMENT

- I AUTHORIZE MEDICAL SERVICES BE RENDERED TO ME BY PUGET SOUND WORK INJURY CLINIC OR ITS AGENTS.
- I AUTHORIZE BILLING OF CLAIMS TO ABOVE-MENTIONED INSURANCE COMPANIES AND AUTHORIZE PAYMENT OF SAID CLAIMS BE ISSUED TO PUGET SOUND WORK INJURY CLINIC OF NON-COVERED SERVICES, EVEN IF I AM NOT SATISIFIED.
- I UNDERSTAND THAT I WILL BE LIABLE FOR 2% SIMPLE INTEREST, AND ALL COSTS OF COLLECTION FOR ANY ACCOUNT THAT I DEFAULT ON AND THAT A COLLECTION AGENCY HAS BEEN CONTRACTED WITH TO FACILITATE COLLECTION OF SAID FUNDS.
- I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS CLAIMS ON MY BEHALF AND ALSO TO OTHER PHYSICIANS OR MEDICAL FACILITIES BY FAX OR OTHERWISE TO HELP EXPEDITE THE TRANSFER OF RECORDS.
- I UNDERSTAND THAT MY CHART IS THE PROPERTY OF PUGET SOUND WORK INJURY.
- I AUTHORIZE THE OFFICE TO CALL ME AT ☐ HOME ☐ WORK ☐ CELL ☐ TEXT ABOUT APPOINTMENT TIMES OR MESSAGES.
- I AUTHORIZE THE OFFICE TO LEAVE A DETAILED MESSAGE ABOUT APPOINTMENTS OR HEALTH INFORMATION. ☐ YES ☐ NO
- I ACKNOWLEDGE RECEIPT OF HIPAA PRIVATE PRACTICE POLICY.

SIGNATURE OF PATIENT OR REPRESENTATIVE DATE

INTAKE 01/2020