



Patient Demographics / Insurance Authorization Form

1. Patient Information

Patient Name: _____ Guardian Name: _____
Address: _____ City: _____ St: _____ Zip: _____
Date of Birth: _____ Social Security #: _____

2. Patient Demographics (please check the option(s) that apply)

Marital Status: Single Married Divorced Widowed Other
Employment/Education: Student Retired Employed/Self Not Employed Active Military
Gender: Male Female Decline to Specify
Ethnicity: Not Hispanic or Latino Hispanic or Latino Decline to Specify
Race: White Am. Indian or Alaska Native Black or African American Other Decline to Specify
Preferred Language: English Spanish Other _____

3. Emergency Contact Information

Name: _____ Relationship: _____
Primary Phone #: _____

4. Primary Insurance Carrier Information

Insurance Company Name: _____ Policy Number: _____
Group Number: _____ Member Name: _____
Patients Relationship to Insured: Self Spouse Child Other _____

5. Secondary Insurance Carrier Information

Insurance Company Name: _____ Policy Number: _____
Group Number: _____ Member Name: _____
Patients Relationship to Insured: Self Spouse Child Other _____

6. Authorization

I hereby authorize Kendall L. Krug, OD PA to release pertinent information about my medical condition for the purpose of securing health insurance benefits information, authorization, or payment/reimbursement for services. I will provide my current insurance identification card(s), policy number, and demographic information upon request. If co-pays and/or deductibles are designated by my insurance company or health plan, I agree to pay them to Kendall L. Krug, OD PA at the time of service. I understand that I am responsible for all financial obligations of medical services and agree to pay for all services not covered through my insurance benefits.

Patient Name: _____ Patient/Guardian Signature: _____
Relationship to Patient: _____ Date: _____

**Kendall L. Krug, OD PA will endeavor to obtain authorization from your insurance company to reimburse your healthcare provider for services or items covered by an authorization. However, there is no guarantee that we'll receive authorization or payment. The patient/guardian will remain liable for payment of services or goods received except as otherwise provided by law.*