

Tallahassee Ear, Nose & Throat-Head & Neck Surgery, P.A.

Please indicate who you are seeing today:

_____ Duncan S. Postma, M.D.,F.A.C.S. _____ Spencer E. Gilleon, M.D. _____ Adrian P. Roberts, M.D.
_____ Marie O. Becker, M.D., F.A.C.S. _____ Robert M. Snider, M.D. _____ Joseph C. Soto, M.D.
_____ Tricia Skinner, A.R.N.P. _____ Audiology Associates

TODAY'S DATE: _____ **FOR TODAY'S VISIT YOU WILL BE PAYING:** ___ Cash ___ Check ___ Credit Card

PATIENT INFORMATION:

Primary Care Physician: _____ Referring Physician: _____
Last Name: _____ First Name: _____ Middle Initial: ___ Age: _____
Social Security #: _____ Birthdate: ___/___/____ Sex: M F Marital Status: _____
Address: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
E-Mail: _____

You may inform me of or confirm appointments via e-mail.

PRIMARY INSURANCE CARRIER:

Insured's Name: _____
Insured's Address: _____
City: _____ State: ___ Zip: _____
Insured's DOB: ___/___/____

SECONDARY INSURANCE CARRIER:

Insured's Name: _____
Insured's Address: _____
City: _____ State: ___ Zip: _____
Insured's DOB: ___/___/____

Please submit insurance card for copying. If no insurance card is available, please complete the following information:

Insurance Co: _____ Insurance Co: _____
Policy Number: _____ Policy Number: _____

PARENT/LEGAL GUARDIAN INFORMATION

If the patient is under the age of 18 or a full-time college student please complete the following information:

If you are the grandparent or step-parent do you have legal guardianship of the patient? Yes No

****You must have legal paperwork on hand in order for the patient to be seen. Please submit paperwork so it may be filed in the chart and complete the information below:**

Parent Name: _____ DOB: ___/___/____ SSN: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Employer: _____ Work Phone: (____) _____ Ext _____
Relationship: (please circle one) Mother Father Grandparent Step-Parent Legal Guardian Other _____