

**Please Print**

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Single  Married  Widowed  Divorced  Separated  Student

**Patient or Parent/Guardian**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (W): \_\_\_\_\_

Employer Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Spouse or Parent/Guardian**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Contact (Other than Spouse)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Billing Information & Responsible Party**

Billing Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Primary Insurance Information:**

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

**Authorization to Release Information**

I hereby authorize McDonagh Medical Center to release any medical or incidental information that may be necessary for either medical care or in processing applications for financial benefit.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**I do hereby state that the above information is correct and understand that I am responsible for paying my own account at time of service. Filing of insurance claims shall be my own responsibility.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PAYMENT REQUIRED AT TIME OF SERVICE - A FEE OF 3% IS ASSESSED ON PAYMENTS MADE BY CREDIT CARD.**



Carey K. Wennerstrom, D.O. Charles J. Rudolph, D.O., PhD

Phone: (816) 453-5940 [www.mcdonaghmed.com](http://www.mcdonaghmed.com) Fax (816) 453-1140

2800 NE Kendallwood Pkwy, Gladstone, MO 64119

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### RELEASE OF INFORMATION

Due to patient confidentiality concerns, McDonagh Medical Center would like to know to who we have permission to release information regarding your appointments, care, bills and test results.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I give permission for McDonagh Medical Center to release my information to:

1.

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2.

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3.

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

4.

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

5.

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I do **NOT** wish to have any information released to anyone other than myself

Signature: \_\_\_\_\_

This message is valid for all test results unless we are otherwise notified in writing not to release any information to someone other than myself.

Messages may be left on an answering machine or voicemail as long as we are sure that it is a correct number. If you circle NO, the results may be mailed to you if we cannot reach you by phone.

**YES**

**NO**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_