148 Wall Blvd. Gretna, LA 70056 | Phone: (504) 393-2273 | Fax: (504) 393-2744
113 Belle Terre Blvd. LaPlace, LA 70068 | Phone: (985) 359-2273 | Fax: (985) 359-8560
www.TheUrgentCare.com

Patient Information

Social Security #: _____ Home Phone#: _____

First Name: _____ Cell Phone#: _____

Last Name: _____ Email: _____

Middle Name: _____ Birthday: _____

Sex: ○ Female ○ Male

Address: _____ City, State: _____

_____ Zip Code: _____

Emergency Contact: _____ Emergency Contact's Phone #:_____

Relationship: _____

How did you hear about us?

○ Friend/Family ○ Drive-by ○ Yelp ○ Internet (○ Google) ○ Phonebook ○ Military Directory ○ Ins. Directory ○ Dr. Referral
○ Job Posting ○ Facebook ○ Flyer

ADDITIONAL INFORMATION

Race: ○ American Indian or Alaska Native ○ Asian ○ Black or African American
○ Native Hawaiian or Pacific Islander ○ White ○ Patient Declines

Ethnicity: ○ Hispanic or Latino ○ Not Hispanic or Latino ○ Patient Declines

Preferred Language: ○ English ○ Spanish ○ Vietnamese ○ Other _____ ○ Patient Declines

INSURANCE INFORMATION

ONLY COMPLETE IF YOU DO NOT HAVE YOUR INSURANCE CARD AT TIME OF SERVICE

PRIMARY INSURANCE PLAN: _____

MEMBER ID: _____ GROUP#: _____ NAME OF POLICY HOLDER: _____

ADDRESS (if different than patient information): _____

SSN#: _____ DOB: _____ RELATIONSHIP TO INSURED: _____

RESPONSIBLE PARTY (IF MINOR) OR DIFFERENT FROM PATIENT INFORMATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY, ST, ZIP: _____

PHONE #: _____ EMAIL: _____

AUTHORIZATION & AGREEMENT

Signature: _____ **Date:** _____

I declare that the above information is true. I authorize my insurance benefits to be paid to The Urgent Care. I understand that I am financially responsible for any charges that may not be covered by my insurance plan. I also authorize my medical information to be released to my insurance company and any of its affiliates for medical purposes.