VICTORIA ENT & ALLERGY ASSOCIATES
117 Medical Dr Ste 1 Victoria, Texas 77904-3114 361-573-4331

PATIENT NAME: ______________________________ Appt Date: __________
FIRST MI LAST

ADDRESS ______________________________
PO BOX/STREET CITY STATE ZIP

HOME TEL# ____________________ CELL #: ____________________

WORK # ____________________ SOCIAL SECURITY # ____________________

PREFERRED CONTACT METHOD: ______________________________

EMAIL ADDRESS

BIRTHDATE: __________ AGE: ______ SEX ______ MARITAL STATUS: __________

REFERRING PHYSICIAN: ____________________ DOCTOR: ____________________

Complete this section if patient is a minor. *(ADULT PRESENTING MINOR FOR TREATMENT WILL BE RESPONSIBLE PARTY ON ACCT.)*

PARENT/LEGAL GUARDIAN: ____________________ BIRTHDATE: __________ RELATIONSHIP: __________
M/D/YR

MAILING ADDRESS: ______________________________
PO BOX/STREET CITY STATE ZIP

HOME TEL# ____________________ CELL # ____________________

WORK # ____________________ SS# ____________________

Complete this section for the cardholder of the insurance.

POLICYHOLDER NAME: ____________________ SS# ____________________

INSURANCE: ____________________ DOB: __________
M/D/YR

POLICYHOLDER NAME: ____________________ SS# ____________________

INSURANCE: ____________________ DOB: __________
M/D/YR

EMERGENCY CONTACT/RELATIONSHIP TO PATIENT: ______________________________
(phone numbers should not be your own)

HOME# ____________________ CELL# ____________________ Work # ____________________

CMS, a federal agency within the U.S. Health & Human Services, is requesting that medical providers obtain this information.
PLEASE HELP US BY FILLING THIS OUT. THANK YOU.

Ethnicity: ____Decline to State _____Hispanic or Latino _____Not Hispanic or Latino

Race: ____Decline to State ____American Indian or Alaska Native ____Asian ____Black or African American ____White
____Native Hawaiian or Other Pacific Islander ____Some Other Race

Preferred Language: ____English ____Spanish ____Other, please indicate______________________________

Revised 07.03.17