

# Greater Mobile Urgent Care, LLC

Please Print Clearly

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

## Patient Information

Name \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Initial

Address \_\_\_\_\_

Sex: M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Home Ph: ( ) \_\_\_\_\_  
City State Zip Code

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

Employer: \_\_\_\_\_ Work Ph: ( ) \_\_\_\_\_

Referred by Dr.: \_\_\_\_\_ Cell Ph: ( ) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Ph: ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

## Insurance Card Holder Information

Insurance Card Holder: \_\_\_\_\_  
Last First Initial

Name of Insurance Company: \_\_\_\_\_

Contract Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Card Holder's Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Card Holder's SS#: \_\_\_\_\_ Insurance Card Holder's DL#: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Ext.: \_\_\_\_\_

## Additional Insurance Information

Insurance Card Holder: \_\_\_\_\_  
Last First Initial

Name of Insurance Company: \_\_\_\_\_

Contract Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Card Holder's Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Card Holder's SS#: \_\_\_\_\_





2350 Schillinger Road, Suite A, Mobile, AL 36695 • p: 251-633-0123 • email: info@gmucare.com

Patient Name

Patient DOB:

Pharmacy #:

Allergies	Reactions
Current Medications	Dosages

Special Instructions:

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## Financial Obligation

You are responsible for the payment of the charges for the health care that we provide. Unless your health insurance company, HMO, Medicare or Medicaid agreement with Greater Mobile Urgent Care, LLC prohibits it, payment is due on the date of your appointment. Our office accepts cash, credit card and check payments. Patients that do not have health benefits through third party such as Medicare, Blue Cross Blue Shield or United HealthCare may speak to one of our Patient Service Representatives if they have any questions regarding our fees. Please ask the receptionist if you would like to speak with a Patient Service Representative. I acknowledge that I am responsible for the financial obligation arising from the provision of care to myself, or the person for whom I am acting as a personal representative (such as an unemancipated minor). I acknowledge that I will incur the reasonable costs of collections including attorney's fee should I fail to satisfy my financial obligation.

## Assignment of Insurance

Some insurance companies require the assignment of insurance benefits for direct payment to Greater Mobile Urgent Care, LLC. The undersigned hereby authorizes direct payment and assignment of any hospital insurance, medical insurance, sickness or injury benefits to by Greater Mobile Urgent Care, LLC. I understand that efforts for collection of these benefits are for my convenience and do not represent a guarantee of collection or credit to my account until such time as payment is received by Greater Mobile Urgent Care, LLC.

## HIPAA Privacy Notice

I acknowledge that I have been provided with Greater Mobile Urgent Care, LLC's Notice of Privacy Practices for protection of health information. Details regarding the protection of patient privacy are detailed on that document.

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Signature of Patient or Authorized Representative

Date

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Signature of Insured

Date