

# FRANKLIN PARK URGENT CARE CENTER

**5904 North Division, Spokane, Washington 99208 (509)489-1150**

**PATIENT INFORMATION (Please print clearly)**

LAST NAME		FIRST		MI	SEX (M,F)	RACE	MARITAL STATUS	BIRTHDATE	
MAILING ADDRESS				APT #	CITY			STATE	ZIP CODE
HOME PHONE ( ) ( )	BUSINESS PHONE ( ) ( )	CELL PHONE ( ) ( )			SOCIAL SECURITY #		EMAIL ADDRESS		
Nearest Friend or Relative not Residing with You			RELATIONSHIP	PHONE ( ) ( )		ADDRESS			
REFERRED BY			ALLERGIES or SPECIAL MEDICAL PROBLEMS						
REGULAR DOCTOR'S NAME and PHARMACY LOCATION				MEDICATIONS YOU ARE CURRENTLY TAKING (NAME, DOSAGE, FREQUENCY)					

**FINANCIAL RESPONSIBILITY (If other than patient. Please print clearly)**

LAST NAME		FIRST		MI	PHONE ( ) ( )		RELATIONSHIP	DATE OF BIRTH
STREET ADDRESS			CITY		STATE	ZIP CODE	SOCIAL SECURITY #	

**EMPLOYMENT (Please print clearly)**

EMPLOYER	ADDRESS, CITY, STATE, ZIP			PHONE ( ) ( )		OCCUPATION
SPOUSE'S NAME		SPOUSE'S EMPLOYER			PHONE ( ) ( )	

**GIVE A BRIEF STATEMENT OF PRESENT MEDICAL PROBLEM and DURATION OF PROBLEM**

<b>ON THE JOB INJURY? (Y,N) _____</b>

**METHOD OF PAYMENT**

Our office policy requires full payment at the time of service for cash paying patients. For patients currently covered by a contracted insurance company this includes any required co-payments. Patients not required to make a payment at time of service include patients covered by Public Assistance, Medicare and State Industrial Insurance.			
This account will be paid by (circle one):    CASH        CHECK        CHARGE CARD        DEBIT CARD			

I hereby give permission for \_\_\_\_\_  
 (print minor's full legal name here)

to receive treatment and any tests deemed necessary by the doctor on duty at Franklin Park Urgent Care Center. I understand that my insurance company may not cover or pay for these services. I agree to be personally responsible for the total payment of this bill if this service is not covered. In event of default, all attorney fees and collection costs will be incurred by the debtor.

Signature (and relationship) \_\_\_\_\_ Date \_\_\_\_\_