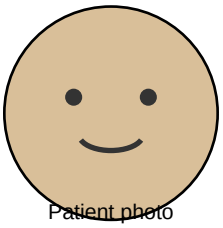
New Patient Intake Form

Downtown Family Clinic — Confidential Patient Record



Patient photo

Patient name: Maria Santos

Date of birth: 1987-04-12

Account number: 7734-9821-0056

Social Security Number: 000-45-6789

Reason for visit:

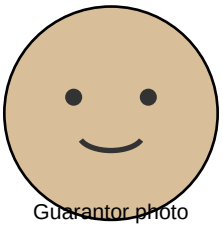
Annual checkup, no acute symptoms reported.

Patient signature:

Insurance barcode:

Billing Authorization — Page 2

Downtown Family Clinic — Confidential Patient Record



Guarantor photo

Guarantor name: Roberto Santos

Routing number: 123456789

Account number: 7734-9821-0057

Authorization statement:

I authorize the clinic to bill my insurance for services rendered.

Guarantor signature:

Member ID barcode: