Ann E. Stanger, MD
Innovative Health Clinic

Patient Information

Last name		First name	MI
Date of Birth	Social Security Number		
Address			
City	State	Zip Code	
Home Phone ( )	Work Phone ( )		
Occupation	Employer		
Employer Address			
Marital Status	Spouse/Partner		
Emergency Contact (outside of home) Name	Emergency Contact Phone number		
Insurance Name and Address			
Insured Member's Name	Policy Number		
Who referred you to Dr. Stanger?			

I AUTHORIZE ANN STANGER MD AND THE INNOVATIVE HEALTH CLINIC TO BILL THE ABOVE INSURANCE COMPANY AND RELEASE ANY PERTINENT MEDICAL INFORMATION TO THE INSURANCE COMPANY TO RECEIVE PAYMENT.

SIGNATURE ______________________________ DATE ______________

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