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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