Vein Healthcare Center

100 Foden Road | Suite 307, Building West | S. Portland, Maine 04106
tel: 207-221-7799 | fax: 207-221-3544 | info@veinhealthcare.com | www.veinhealthcare.com

Demographic Information

Contact Information

Patient Name: _____ Today's Date: _____
Date of Birth: _____ Age: _____ Sex: ☐Male ☐Female
Address: _____
City: _____ State: _____
Zip: _____ Social Security Number: _____
Home Phone _____ Work Phone _____
Cell Phone: _____ Other Phone: _____
Which phone number should we use first? _____
Email: _____
When we confirm your visit, how would you like us to reach you? ☐Phone ☐Postcard ☐E-mail

Emergency Contact Information

Name: _____
Phone: _____
Relationship to you: _____

Insurance Information

How will you pay for medical services? ☐Insurance ☐Self pay ☐Other _____

Primary Insurance	Secondary Insurance
Insurance Name: _____	_____
Group #: _____	_____
ID/Member #: _____	_____
Insurance Type: _____	_____

Scheduling Preferences

☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday ☐AM ☐PM ☐No preference

Additional Information

How did you hear about the Vein Healthcare Center? _____
_____
_____

I hereby authorize my insurance benefits to be paid directly to the Vein Healthcare Center. I understand that I am responsible for all charges and responsible to pay for non-covered services. I also authorize the release of pertinent medical information necessary to process my insurance request.

Signature: _____ Date: _____