FALL GENERAL SURGERY, LLC

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George A. Fall, MD, FACS
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Patient Information

Last Name			First	Middle Initial
Sex □ M □ F	Age	Date of Birth	Home Phone	Cell Phone
Social Security Number		Email Address		How did you hear about Fall General Surgery?
Home Mailing Address			City	State / Zip
Spouse's Name			Marital Status: □ Single □ Married □ Divorced □ Widowed/Widower □ Separated	
Race: □ White □ Black/African American □ Native American □ Asian □ Pacific Isl. □ Refused			Ethnicity: □ Hispanic/Latino □ Not Hispanic/Latino □ Refused	Preferred Language: □ English □ Spanish □ French □ Russian □ Other:
Occupation			Employer	
Employer Address			Work Phone	Can we call you at work? □ YES □ NO
Emergency Contact			Phone	
Referring Doctor			Primary Care Doctor/Clinic	

Responsible Party Information (if different than patient information)

Last Name	First	M.I.	Relationship to Patient	Home Phone	
Street Address **(if different from patient)**		City		State	Zip
Social Security #	Date of Birth	Occupation	Employer	Work Phone	
Employer Address		Can we call you at work? YES NO		Cell Phone	

Primary Insurance Information – Please provide copy of card

Insurance Company Name & Address			Insurance Phone #
Policyholder (Insured's name)	Patient's relationship to policy holder		ID#/Grp #
Insured's Date of Birth	Insured's Social Security #	Effective Date	Co-payment $

Secondary Insurance Information – Please provide copy of card

Insurance Company Name & Address			Insurance Phone #
Policyholder (Insured's name)	Patient's relationship to policy holder		ID#/Grp #
Insured's Date of Birth	Insured's Social Security #	Effective Date	Co-payment $

Your Northland Vein Center

Fall General Surgery, LLC

ATTENTION PATIENTS:

EFFECTIVE JUNE 2, 2014:

IF YOU ARRIVE FOR YOUR APPOINTMENT WITHOUT YOUR INSURANCE CARD(S), YOU WILL BE ASKED TO RESCHEDULE YOUR APPOINTMENT TO A LATER DATE.

THE PROVIDER WILL BE UNABLE TO PROVIDE SERVICES TO YOU WITHOUT PROVIDING US WITH PROPER INSURANCE DOCUMENTATION.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER ☺